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COMMUNICATIONS.

EPIDEMIC DYSENTERY,

AS IT MANIFESTED ITSELF IN TRENTON
AND A PORTION OF GIBSON COUNTY, TENN.,
IN THE FALL OF 1881. ITS HISTORY AND
ETIOLOGY.

BY T. J. HAPPEL, M.D.

Read before the Medical Society of Tennessee, April
10th, 1882.

GENTLEMEN:—Without any useless waste of words, or consumption of time, in defining dysentery, or entering into any explanation of the terms sporadic and epidemic dysentery, I propose giving you a short history of the epidemic of dysentery which prevailed in Trenton and its vicinity during the fall of 1881.

I desire, in the first place, to call your attention to a few cases occurring in my own practice, and then to others of which I have reliable and trustworthy information.

My first case occurred September 18th, 1881, in the person of a negro woman, advanced to within a few days of the full term of pregnancy.

Occurring thus late in pregnancy, it could readily be accounted for—having been due, no doubt, as the immediate or exciting cause, to imprudence in diet, producing a diarrhoea, which, in the congested and turgid condition of all the pelvic viscera and blood vessels, was easily converted into an inflammatory condition of the lining membrane of the rectum.

The dysenteric discharges continued for three days after delivery, supplanting to a marked extent the lochial discharge.

Treatment by saline purgatives, followed by opiates, in this case availed but little, except to

relieve the tormina and tenesmus, both before and after delivery. Finding no cure in such measures, I resorted to the following:—

R. Pulv. ipecac co.,
Pulv. ipecac,
Ft. cht. No. iv.

℞
℥iv. M.

Sig.—One after each action till relieved.

In forty eight hours the case was virtually cured. The lochia then began to increase, and the patient rapidly convalesced.

My second severe case occurred in our city, in the person of a stout, vigorous, colored, blacksmith. This case we will style No. 1, in a series of fatal cases to follow.

The patient in this case was addicted to what would be called by whisky drinkers the temperate use of whisky, viz: the using as much as from three to ten drinks per day, or as much as one can conveniently take and not be unfitted for work or business thereby. This daily use of stimulants had lasted for years.

So far as I could reliably ascertain, the first dysenteric symptoms manifested themselves Monday, October 3d, a raw, damp, rainy day. Being busy at his shop, in spite of the weather and his disease, he worked at his forge and shoeing horses, stopping about every thirty minutes for his bowels to move, complaining constantly of much abdominal pain. He returned to his forge on the next day, but was advised to go home, keep quiet in bed, take a mild saline cathartic and follow its action with an opiate. Late in the evening he did so, after exposing himself all day, in and out of the shop, alternately heated by the forge and chilled by the cold rain still falling at intervals.

On the 6th inst. I was called to see him, and continued visiting him from that time to the day of his death, October 16th.

In this case every plan of treatment was persevered in until it was found to be of no avail.

About October 11th the actions became sero-sanguinolent and extremely offensive. A dynamic symptoms were rapidly developed and the patient steadily sank.

In addition to the remedies used in ordinary cases quinine was administered freely, about 30 gra. daily.

The residence of this patient was far better than that of the generality of the colored race, but its location was in the lowest portion of the city, within three-quarters of a mile from the river, on the east, with its malarial surroundings.

Case No. 2 of this fatal series occurred October 12th, in a family south of our city, in which there had been a death from dysentery a week before.

That case was treated, in my absence, by another physician. Reference will be hereafter made to this case.

The patient referred to as Case No. 2 was a bright boy, white, aged about five years. He, with two others, had been attacked, a few days after the death of the case already referred to, with well marked symptoms of acute dysentery, and all had been treated by the father and mother with saline purgatives, followed by laudanum, and, as the family thought, successfully, but after a subsidence of the symptoms in all the cases, the disease returned, with renewed and redoubled vigor, in this one.

I was called to the patient October 15th, the day following this relapse.

There were present the characteristic mucus, bloody discharges, small in quantity, accompanied with pain, etc. In some of the motions mucus predominated, in others blood. Occasionally fecal matter was discharged with the mucus and blood. Tongue heavily coated, dark yellow and dry. Pulse good, 96. Temperature 101°, but reported to have been very high on the night of the 14th, about midnight, before I was called. Much nausea and frequent vomiting.

Administered morphia sulph. to quiet pain and vomiting. Directed hot mustard cataplasms over the abdomen, to be renewed every two hours, and prescribed as follows:—

R. Hydrarg. chlor. mit.,	gr. iij
Santonine,	gr. iv
Pulv. ipecac co.,	gr. vj. M.
Div. cht. No. iij.	

Sig.—One every three hours, followed by oil, if needed, to produce fecal discharges; and

R. Quinæ sulph.,
Doses No. x.

3 ss.

Sig.—One every two hours till six were given, then at intervals of four hours.

And in addition to the above a febrifuge mixture, to be used *pro re nata*.

At my visit the following morning I found that, with the aid of oil, several large lumbrici had been expelled, and that although some mucus was being passed, it was much reduced in quantity.

Prognosis more hopeful.

Prescribed tr. opii; continued the quinia and febrifuge mixture as before, and directed that in case of a return of the dysenteric actions, a saline purgative be administered, followed by an opiate.

At my third visit, made twenty-four hours later, I learned, from the family, that in a very short time after my previous visit the mucous, bloody evacuations reappeared, becoming shreddy, and with much more pain; and that after administering the saline purgative, as directed, a fecal discharge had been obtained, to be followed, at once, by larger mucous, bloody ones, with increased tormina and tenesmus. I then resorted to larger doses of pulv. ipecac, but to no avail. The pain and suffering of the patient continued to increase, and could be allayed with large doses of morphia sulph. only. Early in the morning of October 18th the patient died. No post-mortem.

Case 3 in this series has been already referred to under Case 2, as belonging to my practice, but having in my absence fallen into the hands of another physician, who was, by the family, continued in the case. This case occurred October 7th, and terminated fatally October 10th.

From the family I learn that at the onset of the attack, true, acute, dysenteric symptoms were presented, followed by larger, dark discharges, and collapse; though the death appears on the records as one of cholera infantum.

Cases 2 and 3, as already stated, occurred in the same house, and, had they been sporadic cases, would have been easily accounted for by malarial surroundings as the predisposing cause, and drinking water as the exciting one.

The water used by the family was, mostly, from a cistern that had not been cleaned for several years.

Case 4, of this fatal series, did not occur in my practice, and was in an entirely different portion of our city from Case 2, being on one of its highest points. The patient was a man advanced in years, and, up to a very few years ago, a very

free user of whisky, keeping much under its influence the greater portion of the time, though lately he had not used it so freely.

About three years ago symptoms of cerebral softening appeared, but made slow progress. In this case there had been for some time a torpid, semi-paralyzed condition of the rectum and descending colon.

From the "Records of Births, Deaths and Marriages," I glean the following, in the same series.

Case 5, a white male, aged seven years, occurred inside the city limits, in a portion of our city noted for its healthfulness. The lad was stout and vigorous, rarely ever known to be sick. After an illness of ten days he died, October 22d.

Case 6, an infant, 18 months old, in the neighborhood south of our city—about four miles distant, and about a mile south of Nos. 2 and 3—died September 1st.

Case 7, a white female, aged six years; died September 25th, not far from No. 6.

From reliable sources I collect three more fatal cases, viz:—

Case 8, adult female, the mother of No 7, mentioned above, died October 1st.

Case 9, a colored child in the same neighborhood, and not far distant from No. 6, died October 10th.

Case 10, in a different portion of the district, was a child nearly two years old, in whom the disease became chronic after an acute attack, the death occurring late in November, the child having been sick several weeks.

These ten fatal cases were in district No. 7, in which our city is located.

From Dr. Moore, living northeast of us, in district No. 11, I get information to the following effect:—

He gave prescriptions, at his office, to a considerable number of applicants, presenting dysenteric symptoms, and, excluding these cases of office practice, he visited and treated twenty-six cases of dysentery during a space of time dating from September 15th to November 1st, by far the larger number of his cases occurring from October 1st to 20th. Of these twenty-six cases five proved fatal.

Continuing the number of the fatal case series, from Dr. Moore's cases we get—

Case 11, a colored male, adult.

Case 12, an adult female, white, two months advanced in pregnancy.

Case 13, a child, aged 4 months, white.

Case 14, an adult female, white.

Case 15, a child, aged two years, white. These

all died between October 1st and 20th. All of these last mentioned fatal cases, except one, were in poor circumstances, and could not and did not have much needed attention and nourishment.

There occurred in Dr. M's practice, among the twenty-six cases spoken of, one in a woman, pregnant eight months, that recovered.

The treatment was varied to suit individual cases. In some particular neighborhoods, in his scope of practice, cases were much more numerous than in others, and more difficult to treat.

From Dr. Bright, in District No. 5, southwest of our city, I learn a state of facts very similar to the above.

Now, having followed the scriptural example, of presenting the bad wine first, I return to a consideration of the disease as it occurred in our city and district, not claiming to take up in the order of occurrence, but according to importance, etc.

One of the first cases in our city was in the person of an adult female, pregnant seven and one-half months. The family was in straitened circumstances, noted for imprudence, and she had the care of an invalid husband in addition to other maternal duties. Under treatment for a few days, she recovered, with no tendency to abort.

Later in the epidemic, I find in the records of my own practice a case of dysentery in a female, pregnant between one and two months. This case recovered without any serious trouble, after several relapses.

In the same family in which Case 10 died, another very serious case occurred, of about nine days' duration.

Almost in the same neighborhood were three other very serious cases; two children between four and seven years of age, and one adult female.

In October, in the practice of Dr. C., was also a severe case in an adult male aged 50 years. Resulted favorably.

From October 1st numerous cases (mild as a rule) occurred simultaneously, in and around Trenton, among parties who had never been in contact with each other. The universal complaint with all who were sick was enteric trouble, and in four-fifths of these cases dysenteric symptoms were reported. The epidemic was at its worst during the twenty days from Oct. 4th to 23d, inclusive.

The "Gibson County A. and M. Association" held its annual meeting from October 11th to 15th, inclusive, and many attended the fair, exposing themselves, in so doing, to the rays of

almost a midsummer's sun. On Thursday, October 18th, nearly 5000 people were present, including 2500 children. On Friday 1500, and on Saturday 2000, or more. These days were exceptionally hot, dry and dusty, and those attending either brought their dinners, or ate barbecued dinners, served on the ground. Many families in our city suffered, and throughout some of the adjoining districts, the week following the fair was one of sickness from dysenteric troubles.

In my own family, one-half, myself in the number, was sick, three out of six, all adults.

The cases were mostly of a mild type, yielding to treatment, so far as the acute symptoms were concerned, in 24 hours, but disorders of digestion continued from one to two weeks, with enteric irritation, in many cases. In a large number of cases the mildest diet and the most easily digested substances were required to prevent a relapse; yet mild relapses were frequent—often relieved by proper and guarded eating.

The different methods of treatment seemed equally successful. A few of the cases, as already stated, were disposed to be chronic, but after from one to two weeks' suffering, with the advent of settled cool weather, slowly recovered.

My estimate of the number affected, including mild cases, is that at least 15 per cent. of the population of our city, and that portion of the district south of us suffered. Dr. Moore does not think the percentage quite so great in his territory, but Dr. Bright makes about the same estimate, so far as his knowledge of the disease extends.

Now, whence came this epidemic? What is, or was, its etiology?

Any one accepting the generally believed doctrine of that Pandora's box of disease causes (and but few deny its all-powerful influence), who will read Dr. Waterfield's description of the sanitary surroundings of the City of Trenton, and its vicinity, as set forth in his report to the "State Board of Health" in 1879, will at once conclude that the chief, if not sole, factor in producing the epidemic was *Malaria*. I seriously doubt the correctness of the assertion made in some of our text books, that the epidemic form of dysentery is due chiefly, if not solely, to malarial influence.

No epidemic of dysentery has occurred here for years.

In 1874 and 1875, when intermittent and remittent fevers prevailed to an alarming extent, so much so that in some neighborhoods in this county there were not enough well persons to nurse the sick, scarcely a case of dysentery occurred.

From that time till now only a few sporadic cases of the disease have each year occurred, while there was during that period of time (six years) a continued decrease of intermittent and remittent fevers, till this year, which has shown a minimum of true malarial fevers.

If malaria had been the chief exciting cause, then we should have had no dysentery this year, while it has been at its maximum.

Malarial influences alone, then, will not account for the epidemic, as even the chief factor in it, for, as has already been stated, this portion of our county has been, this year, remarkably exempt from the different forms of intermittent and remittent fevers, generally; and, no doubt correctly, attributed to that unknown and undiscoverable something—*malaria*.

(To be Continued.)

CHOREA.

BY DR. R. R. GLASGOW.

Read before the Northern Medical Association of Philadelphia.

MR. PRESIDENT AND GENTLEMEN—I desire at this time to invite your attention briefly to those incoördinate and involuntary contractions of the voluntary muscles ordinarily described by medical writers under the title of chorea, and which are known by non-medical people as St. Vitus dance, St. Anthony's dance, and the Devil's dance, or the jerks. This last, though it is a very vulgar name, expresses well one of the most prominent symptoms of the disorder.

A host of medical observers have made this disease the object of careful study, and the observations recorded by these gentlemen form a very voluminous literature, to become conversant with which one may refer with profit to the works of Ziemssen, Charcot, Romberg, Rosenthal, Watson, Landon Carter Gray, Weir Mitchell, and to the clinical notes of forty cases of chorea, published in the *Philadelphia Medical Times*, March 27th, 1875, by our friend and neighbor, Dr. Charles K. Mills, to whose honesty and accuracy as an observer I gladly bear witness.

In my studies I have been very much impressed with the diversity of the statements of different individuals who are recognized authorities on the subject, and in my remarks at this time, I will direct your attention mainly to those points on which the authorities differ most widely. Some writers describe the disorder under two forms, viz., chorea major and chorea minor. To me, this appears an unnecessary

labor, the difference between the two being a difference in degree only.

The causes of chorea naturally divide themselves into predisposing and exciting. These I will not attempt to enumerate, lest you tire. In passing, it may, however, be said, that nearly every known abnormal condition, from a sclerosed cerebral cortex to an elongated prepuce, have at various times been considered influential in the causation of the disorder.

We may, I think, regard it a certainty that females are much more liable to the disorder than males. The period of life between the second dentition and puberty, and in this latitude the late winter and spring months, seem especially favorable periods for the development of chorea. The influence of rheumatism and cardiac affections in the production of chorea is a mooted point. Please observe carefully the following reference, which may already be familiar to some of you: "The relations of chorea to rheumatism have been recognized since the beginning of this century. The appearance of cardiac bruits during this disorder was noticed by Addison, and at a later period, by Todd. Romberg and Grisolle considered rheumatism and cardiac affections as mere accidental complications of chorea. But Watson demonstrated, by an analysis of 309 cases observed by Hughes, and 36 cases by Kirkes, that in twelve fatal cases the heart was found diseased ten times, and that among 104 carefully observed cases only fifteen were free from cardiac bruits or rheumatism. Among 128 children affected with chorea, observed by Sée in the Children's Hospital of Paris, there were 64 cases of rheumatism, a fact which is so much the more important because rheumatism, as we all know, is very infrequent among children. Senhouse, Heslop, and Roger have endeavored clinically to establish the relations existing between chorea, rheumatism, pericarditis and endocarditis, holding that both affections are the common expression of one and the same pathological condition. According to observations made at Prague, by Steiner, this pathological relation does not possess an absolute value, since among 254 cases of chorea only four appeared during the course of acute articular rheumatism. It is, therefore, probable that under the influence of local causes the coincidence of the two diseases is observed much more frequently in certain countries, and that certain conditions render the action of the rheumatic inflammation upon the serous membranes, the articulations, the spinal meninges, and the centres of coördination, more frequent and in-

tense. Hughes and Trouseau have observed chorea more frequently after scarlatina; according to Levick, chorea is observed much more frequently among the lower than among the better classes of the population." My own belief is that children of rheumatic or phthisical parents are especially liable to chorea, and I am inclined to believe that any circumstance that impairs the vital powers of the adolescent predisposes to chorea. Fothergill describes the lower classes of the population of large towns as being "ill fed, ill bred, the degenerated products of poverty, lust and syphilis, reared on tea, with a dash of alcohol," a combination of circumstances, I think, eminently fitted to predispose to chorea.

The rôle which anæmia, chlorosis, constipation and intestinal irritation play in exciting an outbreak of chorea, is sufficiently well known to need no discussion here. The symptoms of chorea have no regular course of appearance. Now coming suddenly, following hard on a fright or some shock to the nervous system. At other times coming on gradually, having for prodromata, headache, pain in the cervical and dorsal regions of spine, malaise and changed mental conditions, dullness being probably more frequently observed than otherwise. Not infrequently the patient is scolded for being mischievous, or is thought to be becoming paralyzed. Pain on pressure in the cervical region of the spine is stated, by Bartholow, to be a constant occurrence. This statement I am inclined to disallow. The influence of the patient's will over the movements is variously stated. Cases have come under my notice, in which the more the patient tried to control the movements the more violent they became. The subsidence of the twitching during sleep is recorded by some observers as being constantly noticed. Marshall Hall has, however, observed the persistence of this symptom during sleep in which the patient dreams. One case is recorded in the clinic for nervous diseases at the Hospital of the University of Pennsylvania, in which a relapse of the symptoms came on during sleep in which the patient, who lived near the University, dreamed that she was being "cut up" by medical students.

One case came under my notice, who did not speak a single word for a whole week, presumably on account of the choreic movements of the tongue rendering articulation impossible. The symptoms of chorea, considered in the aggregate, form a picture not easily forgotten. The number of muscles involved and the intensity of the contractions produce great diversity in the symp-

toms, and have doubtless given rise to such terms as hemichorea, local chorea, etc. I have never seen a case of chorea major, described by some writers, but I fancy, from the descriptions given of it, that there may be some likeness, in the movements of one so afflicted, to the movement of a chicken that has had its head suddenly lopped off. The duration of chorea is variously stated at from three weeks to as many months, and it usually terminates in recovery; the probability of this termination is, however, lessened by cardiac complications; hysteria is a not infrequent term of chorea. Relapses of the choreic movements not infrequently occur.

The diversities of opinion as to the pathology of chorea are mostly between the older writers and those who have studied the matter more recently, with the aid of the microscope. Still, some modern authorities, among whom may be mentioned DaCosta, hold that chorea is essentially a functional disorder of the nervous system. See fourth edition "DaCosta's Medical Diagnosis."

This agrees well with the statement by Watson, that "the complaint in its genuine form is seldom dependent on any organic or inflammatory change. The instrument, he says, referring to the nervous system, "is not broken anywhere; it is simply slackened, jangling, and out of tune." See "Watson's Practice of Physic." These statements most certainly do apply well to those cases of chorea which recover promptly and perfectly.

Meynert demonstrated microscopical changes of a degenerative nature in the cells of the cerebral cortex.

Broadbent, Tukewell, Hughlings Jackson, and others, have called attention to the presence of minute capillary emboli in the corpus striatum and optic thalamus. My own disposition is to regard chorea as the expression of a group of diverse pathological conditions, for the division of which into separate clinical entities we must wait upon the pathology of the future. The rarity of a fatal termination of a case of chorea has doubtless an unsettling influence upon the views of pathologists in the matter. Rosenthal states that "the chorea which is manifested in articular rheumatism, in inflammation of the pericardium or endocardium, in affections of the female sexual organs, in intestinal irritations, is of reflex origin, and is due to a congenital exaggeration of the excitability of the apparatus of coördination, the latter being disturbed in its functions by the period of puberty, by psychical excitement, and by constitutional debility."

In forming your judgment as to the probabilities of the recovery of a case of chorea, be guided by the following circumstances, viz.: The existence of protracted sleeplessness, cardiac involvement, and pregnancy. The first named of these conditions will wear your patient out; from the cardiac trouble he will probably never recover; and in pregnant women the chorea will not cease, likely, till after delivery. The other cases will probably terminate in recovery spontaneously, or by treatment, as is well described by a prominent authority on the subject, as follows: "The morbid disposition which gives rise to the disorders of coördination may disappear spontaneously, as the organism of the young patient becomes more vigorous, or it may yield to the remedies employed to restore the energy of the nervous system. Sometimes you will find recent cases of chorea arrested by the development of intercurrent diseases, viz., the acute exanthemata." The diagnosis of chorea is said to be usually easy, but there are cases in which I fancy it would not be easy to say where the chorea left off or where the hysteria began. The near relation of chorea to hysteria is pointed out by Rosenthal, Charcot, and by Landon Carter Gray, in the *Archives of Medicine* for October, 1879. Incoördination is the diagnostic symptom of chorea; this symptom is also observed in paralysis agitans, which, however is a disease of patients of more advanced age than is common for choreics. The loss of power in choreic patients may at times puzzle you. A mother brings to you her child, with the statement that the child must be losing the use of its hands; it is constantly letting objects fall. Just ask the child to perform some trifling voluntary act, and the nature of the case will most likely become plain at once. Let us now consider briefly the treatment of chorea. An enumeration of the remedies which at various times have been thought useful in the treatment of chorea, would not only be tedious, but useless. From Guy's Hospital, London, the report comes that by rest in bed in a quiet, darkened room, with proper alimentation, the disease has a spontaneous tendency to recovery in two or three weeks. This treatment, which is probably as rational as any that can be mentioned, is, I should think, especially useful for those cases in which the heart is complicated, but is capable of application in private practice in a limited number of cases only. To prescribe rationally for a disorder the essential nature of which we are in doubt of, is manifestly impossible. That any remedy will be found whose action on chorea will be analogous to the action of

quinia on ague, or of mercury on syphilis, is quite improbable.

The arsenic treatment of chorea has the advantage of being economical and easily administered; very desirable points. Recently, at the clinic for nervous diseases at the University Hospital, the arsenic treatment has been reinforced by the addition of quinia to the treatment, and though the observations in the matter are not sufficiently numerous to warrant a definite statement as to the value of this agent, yet the results appear to warrant an extended trial of the remedy. In treating a case of chorea see that the patient gets light suppers, which may be followed in the evening by morphia and chloral hydrate, if necessary, to secure sleep. The exhibition of spigelia and senna, or the mild chloride of mercury, and san-tonin in the beginning of the treatment of a class of cases will do no harm, if it does no good. If the patient is a female, in whom the menstrual discharge is not properly established, the use of Mettair's aperient, a solution of aloes, bicarbonate of soda and valerian, might be indicated.

If it should be desirable to exhibit the arsenic and quinia in combination, it may be accomplished by using the liquor arsenici chlor., acid hydrochloric, quinia sulph., infus. gent. co. syrup, and aqua, in one solution. If the remedies are used separately, Fowler's solution, as much as may be necessary to produce the physiological effects of the drug, and about six grains daily of the quinia, may be used. This is exhibited perhaps least unpleasantly in one dose, at bedtime, in a solution of equal parts of fluid extract of liquorice, simple syrup and water. These should not be mixed till just before they are taken. A maximum amount of sunlight, fresh air, good food, and tepid bathing, followed by frictions of the body with a rough towel, are useful adjuvants to the treatment. The immediate isolation of the choreic patient is a point worthy the notice of medical men who may have charge of institutions in which numbers of female children are grouped.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF FRANCIS DELAFIELD, M. D.,
Adjunct Professor of Pathology and Practice of
Medicine.

Bright's Disease and Rheumatism.

GENTLEMEN:—This woman, thirty odd years old, complains of what she calls rheumatism, which has lasted three months, beginning as a pain and stiffness in one of the knee-joints, then extending to the other, and afterward extending

still further and involving the joint of the finger, and affecting in some degree the neck and shoulder. It has not, however, become very severe in any of the joints, as she is still able to walk and to use her hands, although there is a certain amount of pain and tenderness.

Then, in addition, we find that she has suffered from dyspeptic symptoms, from occasional nausea and attacks of sick headache. Several years ago she had an attack of jaundice, and we find that three years ago there was oedema of the legs, lasting for several weeks, and at that time her physician said she had kidney disease. Since then she has been passing about two quarts of urine a day, and at present the urine contains a trace of albumen.

Now, it is evident that here we have a case which presents two distinct features, either of which might have occurred without the other, but here they are associated, as they not infrequently are, in the same person. This woman is suffering at the same time from chronic rheumatism and from chronic diffuse nephritis, and from that form of chronic diffuse nephritis, one can be tolerably sure, in which the kidneys become gradually atrophied, the atrophic form of chronic diffuse nephritis. [Patient sent out.]

The prognosis of either of these two conditions is bad enough, and when you have them associated together, of course, the prognosis is still worse, and for that reason I did not care to talk about the case before the patient herself. She is still in fair condition; her complexion is good, she does not look like a sick woman, and yet she has fairly begun with two conditions, each of which is likely to become worse and worse, and in each of which the symptoms will become more and more troublesome; yet we cannot tell how long a course either of these diseases will have. They may last a long while.

In the first place, with regard to the chronic rheumatism, having begun in one joint, and extended, involving others, the probabilities are that it will be a bad form; that which keeps getting worse and worse, involving different joints, and finally crippling the patient.

The form of chronic diffuse nephritis from which she is suffering is that which may go on a long while, developing few symptoms, but which at any time may develop very marked symptoms. The dyspeptic symptoms of which she has complained may at any time become worse, and her general nutrition be affected; she may grow anemic, and instead of having good color, as at present, may lose the florid hue, and become pale; cerebral symptoms may develop at any time.

Then the question arises, what can we do for this woman? Here we are limited very much by her circumstances. She is evidently a person who has to earn her own living; she will have to remain where she is, and no very thorough treatment can be carried out. If she were a person in good circumstances she could be benefited to a certain extent by travel, by the use of natural mineral waters, especially the sulphur waters. These would be of service both for the kidney trouble and for the chronic rheumatism.

As the case stands, I suppose the best thing we can do for her will be to put her upon the use

of small doses of the bichloride of mercury, letting her take this for a considerable length of time. She should take a thirtieth of a grain of the bichloride of mercury in a bitter infusion, keeping it up for several months. Then, in addition to this, she may with advantage drink some of the alkaline waters, as the artificial Vichy water which is made in this city, a pint to a quart every day; that, I presume, is the best we can do for her under the circumstances, but I expect she will steadily get worse instead of getting better.

Aneurism of the External Iliac.

This man, fifty-two years of age, complains of a pain in the right groin and hip. It has been present more or less during two years past, but it has not been severe enough to keep him from his work until the past two weeks, during which it has been steadily growing worse. When the pain and soreness could be felt he noticed some swelling in the right groin; perhaps, he says, it was there in greater or less degree during the intervals as well, but his attention was not drawn to it except when the above symptoms were present.

On examination we can see at once that there is a lack of symmetry between the two groins; that the right is distinctly larger than the left. When I put my hand upon this tumor I feel a pulsation, and those of you who are near can see my hand moved with the pulsations. It has considerable firmness. It is about four inches in length and two and a half wide. I can get no murmur over it.

The case is evidently one which belongs to the surgical clinic rather than to the medical; a case of aneurism of the external iliac or of the femoral artery, really just about the bifurcation, where the artery passes over the brim of the pelvis. It has already reached considerable size, and the treatment is surgical rather than medical. The tumor, so far, seems to have caused him little inconvenience except pain, but as it has suddenly been becoming larger and larger, the pain has become more severe, and the man was driven to seek relief. He will be made more comfortable while the question is being agitated as to the best surgical treatment, simply by taking the iodide of potash, just as a man would with aneurism of the arch of the aorta. It will diminish the force of the heart's pulsation, it will probably make the tumor a little smaller and the pulsations less vigorous, and the man will be more comfortable.

Phthisis, with Complications.

This young lady was sent here as presenting a case of chlorosis. You observe that she is anæmic, but the anæmia is merely a symptom of the actual disease from which she is suffering. She, I think, has spoken quite right about her condition, that she has consumption. It began probably two years ago, at the time she mentioned. She also says that she is suffering from diarrhoea, which is persistent, and has lasted for a considerable length of time. I presume that this diarrhoea is associated with the condition of the lung, and that it is caused by the existence of ulcers in the small intestine; the kind of ulcers which occur as a regular complication of chronic pulmonary phthisis. We have found that there is dullness on the right side of the chest, and that

there are subcrepitant râles in the same region. The amount of trouble which she has with the lung, so far as extent is concerned, is not very great, and yet the girl is run down very much indeed. She is very anæmic, and is made a great deal worse by this complication, chronic diarrhoea. I think it very probable, from her appearance, that she may, by this time, have very well developed a complicating kidney disease—chronic diffuse nephritis.

The best thing she could do would be to go into a hospital. She does not look as if she were well cared for. She wants to be where she can get enough to eat, and I think the immediate indication is, not to treat the local disease, but to treat the general state of the system, which is the result of that disease. I should treat her as if it were a case of chlorosis, simply putting her on the use of iron, combined with the inhalation of oxygen, without paying special attention to the lung trouble; and then in addition to this I should try to treat the chronic diarrhoea; and the first drug which I should use for this purpose would be one of the mineral acids, say the dilute hydrochloric acid, in doses of twenty drops four times a day; and to this I should add a very little opium, say three drops of laudanum with each dose, merely for the sake of checking the diarrhoea. Should she do this I think it very probable she would get a good deal better, perhaps enough better to be able to go on with her work again. That she would get permanently well, is not likely.

Miliary Tuberculosis.

We have here a man, thirty-seven years of age, who says he was well about sixteen months ago; that he was engaged about a slaughter house, at tolerably hard work. He then began to cough, and treated himself with domestic remedies, but the cough got worse instead of better, and it has continued ever since. It is accompanied with muco-purulent expectoration, which is sometimes streaked with a little blood. But he has never raised blood in any amount. The cough is now apparently a very troublesome feature of his case. It keeps him awake at night, and is sometimes so severe as to cause him to vomit his food.

Besides the cough, he has become very short of breath; he is troubled with palpitation of the heart; has lost his appetite; has become very emaciated; very anæmic; his bowels are constipated.

The man's condition at the present time is, as you see, very bad; he is very feeble; very short of breath; he might perhaps, better be in bed than be here.

When we come to examine his chest, we find that the heart is increased in size, and that the character of this increase seems to be rather in the way of dilatation than of hypertrophy, but I find no evidence of valvular trouble. We find over the right lung good pulmonary resonance, exaggerated breathing, with prolonged expiration. Over the left lung there is slight dullness, both in front and behind, but this dullness is not at all marked—only moderate. We find that the breathing is not as distinct on the left side as it is on the right, still we can hear it. We find a friction sound over the whole of the left lung.

Now, what is the matter with the man? "Pleurisy with adhesions." Well, he is a pretty sick man for that, is he not? "He has in addition dilatation of the heart." Well, he is pretty sick even for that, for you see the dilatation does not apparently interfere with the circulation to any extent. He has pleurisy with adhesions, undoubtedly, but he would not be in the condition that he is in now if that were all, the other lung being in good condition. "Fibrous phthisis."

Yes, he has, I presume, a form of phthisis, very often called fibrous phthisis. The name, however, is a misnomer, to a certain extent. You ought not to mean, when you say that, that the man simply has interstitial pneumonia. There are cases in which persons have developed interstitial pneumonia, and have the symptoms of phthisis, and may properly be said to have fibrous phthisis, but cases like this man's are quite different. He has some interstitial pneumonia, but what constitutes the essential part of his lesion is that there have been miliary tubercles developed through the left lung, and not as an acute process, but as a chronic one. They have not all developed at once, but more and more have been gradually forming, until now the whole of the left lung is probably pretty thickly studded with these hard, chronic miliary tubercles. Then, joined with these there has been a little fibrous phthisis, perhaps not a great deal, because there is as yet no evidence of any great amount of consolidation of lung. The left lung does not seem to be consolidated to a great extent, although there is a lesion in it.

Then, with the production of these tubercles there has been developed a chronic pleurisy, and this chronic pleurisy has involved the whole surface of the left lung, and it is this which causes the friction sound and in part the dullness. The miliary tubercles do not necessarily give any dullness at all, unless there are a great many of them, or unless there is a good deal of fibrous tissue with them.

That, I presume, is the condition of the man's lung at the present time. "He, again, is a patient who by all means should go into a hospital where he could be taken care of. I should treat him also, at first, in very much the same way that I should treat the girl with phthisis, who was in before. The immediate indication is to try to relieve the extreme anæmia, from which the man is suffering; and I should put him at once upon the use of iron and oxygen."

The patients were all Germans, and were all employed in a large sugar refinery in this city, at the foot of Bainbridge street, on the Delaware river front, where, however, none of them had worked more than two, or at most three weeks before the occurrence of the attack. The cases so closely resemble one another, that the history of one will suffice for my purpose. I have selected that of the first patient admitted, which was, moreover, much the severest of them all.

R. R., aged 21, born in Germany; single; shoemaker; was admitted into the men's medical ward of the Pennsylvania Hospital on January 30th, 1882. One of his sisters is said to have died of consumption, but with this exception, his family history is good. His own health has always been good until two weeks ago, when, without any apparent cause, he was seized with diarrhoea, attended with a good deal of prostration. He has had as many as ten to fourteen stools a day, and has also had at times nausea and vomiting, but is sure that he has never had fever. Yesterday the diarrhoea ceased, and he has had no passage since. Upon admission the patient is anæmic, and complains of excessive weakness, of vertigo, and of pains in his back and limbs. The tongue is dryish, and coated with a thin, whitish fur; the appetite poor, and the pulse slow; the temperature subnormal, 97°; there is no tympany. The examination of the heart, lungs, and urine gives negative results only; he was ordered a pill containing nitrate of silver gr. $\frac{1}{2}$, and opium gr. $\frac{1}{4}$, three times daily, and placed upon a restricted diet.

Feb. 2d. The patient's bowels have not been moved since his admission; he feels less weak than when admitted; his tongue is also less coated, but his temperature is still subnormal. The use of the pill was discontinued, and he was ordered a teaspoonful of Huxham's tincture, three times daily.

Feb. 20th. The bowels are now moved regularly; he does not appear to gain strength; he was, therefore, ordered cod-liver oil.

March 6th. Discharged cured.

I confess that when this case first came under my care I was puzzled how to explain the symptoms it presented. The presence of excessive prostration, with a history of diarrhoea lasting for two weeks, seemed to point to typhoid fever as their most probable cause. Against this hypothesis was the fact that the patient was positive in his assertions that he had not had fever at any time since he was taken sick, that none was present at the time of his admission or subsequently, and that there was no tympany or rose-colored spots. His condition called, however, for a supporting treatment, and I thought it best to restrict his diet to liquid articles of food.

The other cases came in rapid succession, and presented the same symptoms as the first case. There were in all of them prostration, slow, compressible and often dicrotic pulse, subnormal temperature, diarrhoea, sometimes accompanied by slight pain in the bowels, and absence of tympany. This similarity of symptoms appeared to indicate an identity of cause, and it was soon discovered that in addition to having been employed in the same refinery, they had been all subjected to an influence which seems to me

MEDICAL SOCIETIES.

CASES OF POISONING FROM DRINKING IMPURE WATER.

BY JAMES H. HUTCHINSON, M.D.,

One of the Attending Physicians of the Pennsylvania Hospital.

Read before the College of Physicians of Philadelphia, May 24, 1882.

During the past three months I have had under my care at the Pennsylvania Hospital a series of cases which presented a rather unusual set of symptoms, and which possess so much interest that I feel justified in taking up your time this evening with a brief account of them.

sufficient to explain the symptoms from which they suffered. It was found upon inquiry that water from the river Delaware is introduced into the refinery for use in cleansing the evaporating pans, and after being used for this purpose, it is returned to the river above the point, although at a considerable distance, from that at which it is taken.* The water is distributed throughout the building, and being more accessible to the workmen than the ordinary hydrant water, is freely used by them for drinking purposes. The water, although said to be filtered before being put to the use first referred to, is probably, from the presence of organic impurities, unfit to drink.

There can be but little doubt that the use of the water of the Delaware river, contaminated as it must be opposite Bainbridge street by sewage, was the cause of the singular symptoms observed in the six patients who came under my care. Impure as it was, it did not, however, produce typhoid fever, and my cases show that while impure water may produce prostration as great as that seen in this disease, it will not produce the fever itself, unless it contains the specific typhoid germs.

The symptoms presented by these cases seem to have indicated the existence of blood poisoning rather than of irritation of the bowels. The latter could hardly have existed without the presence of a certain amount of fever. The temperature records will show that at no time in any one of the cases was there any elevation of temperature above the normal. The stools, too, indicated the existence of relaxation rather than of inflammation; they were rather dark in color and watery, and never presented the ochrey yellow appearance of the stools of typhoid fever. The cases further show that persons may become accustomed to the use of an impure water, or that, at all events, it may cease to excite in them, after a certain time, any active symptoms. It will be remembered that all the patients had only recently been employed in the factory, and the effects of drinking the water had shown themselves very soon after they had entered upon their duties. The older hands drank the water with impunity.

The cases all did well, and required little treatment. Hope's camphor mixture being used in most of the cases to check the diarrhoea, and quinia or Huxham's tincture as a tonic.

It may be well to add that the attention of the proprietors of the refinery has been called to the supposed cause of the illness of their workmen, and they have taken the proper precaution to prevent the occurrence of further sickness among them by cautioning them against the use of this water for drinking purposes.

I have appended to this paper the histories of the remaining five cases which I had the opportunity of observing. They are drawn up from notes taken by Dr. J. M. Fox.

CASE 2.—Diarrhoea with typhoid prostration; A. W., æt. 18; born in Germany, single, baker; admitted March 1st, 1882; discharged March 13th, 1882, cured. He came to this country last

* The water is taken from the foot of a long wharf, projecting into the river; it is returned at the point nearest the factory. These two points are distant from each other about 150 feet.

September; has always been very healthy until two weeks ago, when he began feeling weak and miserable, and to have headaches and diarrhoea, which have continued.

Upon admission has no fever; temperature subnormal; appetite poor; tongue slightly coated; some hebetude and slight headache; no fullness of abdomen; a few râles heard over apex of right lung; examination of heart and urine negative. Ordered quinine, gr. viij daily, and liquid diet.

2d. Tongue clean; only one passage from bowels; pulse slow, with a tendency to reduplication.

3d. Bowels not moved since; no fever; feels much better, but is still rather dull.

13th. Continued to improve, and is now well.

CASE 3.—Diarrhoea with typhoid prostration; H. S., aged 28; born in Germany, single, laborer; admitted March 13th, 1882; discharged March 20th, 1882, cured. Has generally been very healthy; eight days ago he began to have diarrhoea, pain in the stomach and limbs, headache, and vomiting, and these symptoms have continued; has had as many as twelve loose stools a day.

He has been working in a sugar refinery, and is the second patient who has been admitted from there into the hospital within the last month and a half, with much the same symptoms, except that the prostration of the other two (R. R. and A. W.) was more marked.

He says that he has been in the habit of drinking the water that is pumped from the Delaware, which is very likely the cause of the trouble.

Upon admission patient feels weak and dull, has headache, vomiting, and diarrhoea; pulse weak and reduplicated (this was also the case with the other two patients); appetite good; tongue clean. Examination of heart, lungs and urine gives negative results. Hope's camphor mixt. $\frac{f3}{ss}$ was administered as needed.

15th. Bowels are still loose, and passages are light colored; no more vomiting; diet has been restricted; camphor mixt. was stopped, and powdered opium gr. $\frac{1}{4}$, with oxide of silver gr. $\frac{1}{4}$, were given three times daily.

19th. Diarrhoea has been checked, and he now feels and looks quite well. His temperature since admission, has ranged from 98° to 98½°.

CASE 4.—Diarrhoea with typhoid prostration; F. S., aged 34; born in Germany, laborer; admitted April 17th, 1882; discharged April 25th, 1882, cured. Has generally been very healthy. Two weeks ago, while working at a sugar refinery, he was taken with a pain in the bowels and diarrhoea, which have continued up to the present time.

Upon admission, patient was somewhat prostrated; has diarrhoea and tenderness in the epigastric region; the tongue is slightly coated in centre, moist; appetite poor; pulse slow; no fever. Heart, lungs, and urine normal. Ordered quinine, gr. viij. daily. Hope's camph. mixt. $\frac{f3}{ss}$ as, as needed, and liquid diet.

April 20th. Diarrhoea has been checked, and he feels much better.

25th. Feels very well; bowels regular; appetite good. Temperature ranged from 98° to 98½°.

CASE 5.—Diarrhoea with typhoid prostration;

M. Z., set. 26; born in Germany, laborer; admitted April 17th, 1882; discharged April 25th, 1882, cured. Eight days ago, while working at a sugar refinery, he began to have diarrhoea and pain in the bowels, and these have continued up to the present time.

Upon admission his face is slightly flushed, and he has a typhoid appearance; is somewhat prostrated; tongue coated in centre, moist; pulse slow; bowels were opened six times during the night. He has no fever, and there is no fullness of the abdomen. Examination of heart, lungs and urine gives negative results. Ordered Hope's camphor mixt., $\mathfrak{f}\mathfrak{ss}$, to be given as needed; quinine, gr. viij daily, and liquid diet.

23d. Feels very well: bowels regular; no pain; appetite is good. Temperature has ranged from 98° to 98½°.

CASE 6.—Diarrhoea with typhoid prostration; M. W., set. 19; born in Germany, single, laborer; admitted April 24th, 1882; discharged April 29th, 1882, cured. Has generally been very healthy. Came to this country eight months ago; two weeks ago he began working at a sugar refinery; about a week ago he was taken with diarrhoea, which has since become worse; has not had any nausea or pain.

Upon admission patient is slightly prostrated; face flushed; temperature also subnormal, 98°; tongue slightly furred, moist; pulse slow; appetite poor; bowels loose. Examination of heart, lungs and urine gives negative results. Ordered Hope's camphor mixt. $\mathfrak{f}\mathfrak{ss}$ to be given as needed.

29th. Diarrhoea has been checked, appetite has improved, and he seems very well again.

NORTHERN MEDICAL ASSOCIATION.

Remarks on the article presented by Dr. R. B. Glasgow (see page 648).

Dr. L. Brewer Hall called attention to forms of clonic spasm, not classified as chorea, occurring as transient complications of many gross nervous lesions. This is instanced in hemiplegia. The study of these conditions may elucidate the pathology of choreic nystagmus, which may not necessarily be dependent upon cerebral lesion, is a functional affection, due, in very young individuals, to impaired vision, which is often the direct result of varied pathological states, like corneal opacity, lack of pigment in choroid, etc., etc.

Dr. G. B. Massey differs with the classification of chorea major and chorea minor. The former occurred in Germany during the middle ages, and is now, as then, an hysterical affection. Psychical impressions, which may variously be made, effect entire relief. The cardiac murmur, so frequently coexistent, is due, in a majority of instances, to anæmia. These murmurs yield to ferruginous preparations, combined with alterative and analeptic therapeutics. The routine arsenical treatment of Fowler's solution is the best, and should be administered in doses, as a rule, much larger than ordinarily exhibited. (Dr. Hall directed attention, incidentally, to the varying strength of different brands of Fowler, and considered this an important fact to be considered when ordering heroic doses.)

Dr. Daniel Longaker, referring to rheumatism as an etiological factor of chorea, does not consider its occurrence in children as rare as authorities would lead us to believe. He has two cases of acute articular rheumatism under observation at present, in children three and four years old.

Regarding the effect of chorea on pregnancy and parturition, Dr. E. W. Holmes narrated an account of a patient who, at the age of 14, first manifested choreic symptoms. They were limited to the hands, and were intensified at the catamenial epochs. When married there was no noticeable increase. During the eighth month of pregnancy she received a severe fright, which precipitated a general and severe form of the disease. Labor occurred at the proper time, and was not in the least complicated or characterized by irregularity. Three weeks subsequent to the accouchement no change in the disease was noticed.

Dr. Henry Beates, has under care a primipara, illegitimately pregnant, who suffered with marked manifestations of chorea, affecting principally the right limb and both arms. The muscles of the trunk occasionally, yet violently, contract. The first symptoms of the disease occurred before pregnancy, and were not aggravated by it. The exhibition of Fowler's solution, in the conventional doses, has effected complete cure. The labor progressed normally, and the patient, now two months later, has no symptoms of the disease.

Dr. Wittig reported an instance of a young girl, aged 15 years, who was subject to chorea. In course of due time the disease was cured by appropriate treatment. Some years later she married, and during pregnancy the disease recurred. At the second month abortion occurred and the disease continued for a considerable time, but eventually yielded to treatment. Reflex irritation such as accompanies entozoa and deranged function, general debility, etc., must invariably be considered in treatment. Regulation of bowels and skin should receive attention and analeptic measures be instituted.

Dr. C. K. Mills agreed with the author of the paper, that the name *chorea* was one applied to various pathological conditions. Extended clinical observation and some pathological experience, led to the belief that chorea was often due to cerebral lesion. It was not uncommon in cases of gross lesion of the cortex to see some choreic manifestations. In unilateral chorea, with hemi-paresis, it was difficult to accept any other view than that of a localized cerebral lesion, as embolism. Chorea associated with anæmia, rheumatism, traumatism and fright would usually be found to be due to cerebral disturbance. Extreme cerebral anæmia resulted sometimes in convulsions; anæmia milder in degree might give rise to choreic twitchings. Rheumatic meningitis sometimes occurs, and the motor cortex is irritated by the inflamed membrane. The etiology of traumatic delirium presents some analogies to that of chorea. An injury to the head resulted in meningitis, and delirium followed, because of cortical irritation. A similar lesion affecting the motor region only might result in chorea. Fright acted by causing cerebral vaso-motor spasm and anæmia.

Dr. Mills related some interesting cases of

local chorea—one which affected the muscles of the ear, another of facial chorea, in which choreic paroxysms occurred at intervals of several days. He referred also to habit chorea, and to hysterical, rythmical chorea, which is apt to be confounded with a form of sclerosis of the cord. The most successful routine treatment for chorea is the arsenical. When arsenic fails,

cimicifuga, iron, or mild purgatives may prove efficient. Large doses of bromides may be of temporary service. Quinine is useful where a malarial element exists.

In answer to a question by Dr. C. A. Oliver, with reference to diaphragmatic chorea, Dr. Mills recalled one case, in which irregular diaphragmatic movements had occurred.

EDITORIAL DEPARTMENT.

PERISCOPE.

Inflammation of the Eyes in Newborn Children.

The *Lancet*, May 6th, 1882, says:—

Some years ago the above subject received the attention of the Congress of Instructors of the Blind which met at Dresden. Herr Reinhardt, director of the local blind asylum, on that occasion expressed his opinion that the majority of blind children had lost their sight through inflammation, and attributed its disastrous effects to the prevailing ignorance among the lower orders of the absolute need for skilled medical treatment in such cases. The statistics of twenty-two blind asylums in Germany for ten years (1865 to 1875) show that 40 per cent. of the patients therein received had lost their sight from this cause during their early infancy. In accordance with resolutions adopted recommending the diffusion of sound knowledge upon this important subject, several medical men in Germany have lately given currency, in the press, to their personal experiences. Dr. Colman, of Barmen, an oculist, recently gave in the *Kölnische Zeitung* some details of interest, and referred to two cases in which each child had lost one eye before medical aid was called in. Dr. Samelsohn, of Cologne, in discussing the various features of this malady, remarks: "Inflammation of the eyes in the case of newborn children does not usually arise, as many consider, from unknown influences of the weather or from exposure to a too powerful light, but rather from the eyes at birth receiving the contact of a contagious substance, the sources of which are abundant among the lower classes of the population, particularly in large cities." According to Dr. Samelsohn's observations, the symptoms of this malady do not appear immediately after birth, but between the third and fifth days of the infant's life. The child, which has hitherto opened its eyes freely, now closes them obstinately against the light, and becomes restless; while a swelling of a more or less important character affects the inflamed eyelids, and from the opening of the lids there flows matter of a yellowish color. If this suppuration cannot be arrested the cornea is often destroyed, and the power of vision irretrievably lost. With respect to the most effectual remedies, Dr. Colman remarks that the eyes have been successfully disinfected "By dropping into the eyes, immediately after birth, solutions of two per cent. of carbolic acid or nitrate of silver, and by fomenta-

tions of a solution of salicylic acid during the first twenty-four hours, with a view of preventing the outbreak of the disorder."

Intussusception.

Dr. Thomas Cawley Eager records the following unusual case in the *Lancet*, April 15th, 1882:—

At 3.30 A.M., on January 7th, my assistant was sent for to see L. P., aged eight years, the daughter of a ticket collector at Working station. On arriving he found the child in a state of collapse, from which it never rallied, and died at 7.45 A.M. The history of the case was as follows: The child was running about in perfect health at 6 P.M. on the 6th inst., and being sent on an errand by her father was given a sweetmeat, in the form of a mouse, made of white and colored sugar. About an hour and a half afterward she was suddenly seized with intense pain in the abdomen, accompanied by vomiting of partially digested food; and the parents, thinking the attack was simply bilious in character, delayed sending for advice until the time mentioned. Not feeling satisfied as to the cause of death, and as the symptoms presented some of the appearances of irritant poisoning, I considered it advisable to communicate with the coroner, who ordered a post-mortem examination to be made, which took place on the 11th inst. at 12.45 P.M. On opening the thorax the lungs and heart were found to be healthy; but on opening the abdomen a very different state of affairs was disclosed, the intestines being gangrenous. The stomach was removed and opened, but presented nothing abnormal. On tracing the duodenum downward the cause of death was at once apparent; for about four inches from the commencement of the jejunum the gut was found to be intussuscepted for a length of 18 inches, and was gangrenous from that point to within 3 feet of the ileo cæcal valve. The kidneys, liver, etc., were all healthy. The brain was not examined.

Remarks.—Experience teaches one that in intussusception, as a rule, the invagination of the gut is ileo-cæcal; that diarrhoea, with bloody stools, is present; and that generally the patient lives from three to six days. In this case, however, which is unique as far as my experience goes, we find, 1st, a great length of gut invaginated in an unusual position; 2d, a sudden, and not gradual, development of the symptoms; and, 3d, a fatal result happening within twelve hours of the first symptom.

Successful Sponge Grafting.

Dr. Norman Porritt relates the following case in the *Edinburgh Medical Journal*, May, 1882:—

The patient, 14 years of age, employed in a mill as a "firer," was coming down three or four steps, at the bottom of which was a rapidly revolving drum. In doing so he slipped, and fell with his right cheek upon the edge of the drum. The accident occurred on the 7th of November, 1881, and on admission to hospital, immediately after it, I found a pale, somewhat anæmic boy, extending obliquely across whose right cheek was an oval, charred cavity, four inches long and two inches in the greatest breadth, whence the margins converged to a point at each extremity. It had exactly the appearance of a burn, the result, no doubt, of the friction which occurred during its production. Poultices were applied, for which, as the slough began to detach itself, carbolic oil was substituted.

21st November. There is now a rather pale granulating cavity, one-third of an inch deep in the centre, of the shape and size above mentioned. Into this cavity a slice of sponge, prepared according to Dr. Hamilton's directions, was placed so as to fit it accurately and fill it completely, but without rising above the level of the surrounding skin. A piece of dextrin or protective silk was laid over the sponge, and the whole held in position by strips of plaster. Two thicknesses of boracic lint, some wadding, and a bandage, completed the dressing.

22d. The dressings were changed at 11 P.M., as discharge was oozing through them. The sponge is firmly fixed, and covered with odorless purulent fluid, while its edges are yellowish-white.

28th. The dressings are changed, and the wound irrigated daily. The surface of the sponge is black, and on gently pulling the lower part of it the side of the wound is dragged with it. The lower extremity appears incorporated with the granulations visible at the margin. The sponge is soaked in thin purulent discharge.

11th December. There are no indications of granulations pushing through the sponge, which now adheres very firmly. With the scissors a thin slice was taken from the surface, which caused blood to issue from the sponge beneath, and the portion then exposed was of a general faint pink color, no granulations, however, being visible.

21st. The sponge, since the last note, has been dragged more deeply into the wound cavity, and the pink hue is much more pronounced. One small pouting granulation protrudes through the upper portion of the sponge, and the discharge is much more abundant and more creamy.

26th. Many more tufts of granulations now show upon the surface, upon which the sponge tissue is not apparent to the eye, but can be detected by pulling at the surface with the forceps, when fragments of sponge are brought away. The whole has a much more intense red appearance.

9th January. The whole of the sponge structure, with the exception of very small particles, has disappeared, and a mass of healthy-looking granulations at the lower angle of which cicatrization has commenced, occupies the place of the

sponge. The mass is the same size as the sponge and projects above the surface of surrounding tissues.

13th. The patient dismissed. The wound is now three-fourths of an inch long and one-fourth of an inch broad, and is healthy and granulating. Cicatrization is proceeding very rapidly indeed.

REVIEWS AND BOOK NOTICES.**NOTES ON CURRENT MEDICAL LITERATURE.**

—We have received the Sixty-fifth Annual Report on the state of the Asylum for the Relief of Persons Deprived of the Use of their Reason.

—We have received the twenty-eighth Registration Report of Rhode Island. It is a most excellently prepared and comprehensive register of all the vital statistics of the State.

BOOK NOTICES.

Materia Medica and Therapeutics. Inorganic Substances. By Charles D. F. Phillips, M.D., Member of the Royal College of Physicians, etc., etc. Edited and adapted to the U. S. Pharmacopœia, by Laurence Johnson, A.M., M.D., Lecturer on Medical Botany, Medical Department of the University of the City of New York, etc. Volume 1. pp. 298. New York: William Wood & Co. 1882.

This volume constitutes the April number of Wood's Library of Standard Medical Authors. It discusses the various inorganic materials used in the treatment of disease, and does it well. It will be found a valuable book for all who desire to be well posted in the therapeutics of inorganic drugs.

The Diseases of the Spinal Cord. By Byrom Bramwell, M.D., F.R.C.P. (Edin.), Lecturer on the Principles and Practice of Medicine and on Medical Diagnosis, in the Extra-academical School of Medicine, Edinburgh, etc., etc. pp. 300. Edinburgh: MacLachan and Stewart, 1882.

This is a very valuable book, that deserves to be read by all physicians. The author shows, by this product of his pen, that he has had ample opportunity to observe the subjects upon which he writes, and gives ample evidence that he possessed the ability to profit by this observation. The volume is most profusely and excellently illustrated. The style is clear and intelligible, and it is, taken altogether, a work that can be highly recommended to the profession.

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 PHILADELPHIA, PA.

ENDOWMENT OF RESEARCH.

In an editorial, and a very able one, in a recent number of the *Lancet*, on the new "Association for the Advancement of Medicine by Research," we note the following:—

"We hope that it will confine itself to the encouragement of research, by its official support and its advice, and that no attempt at endowment will be made. Grants by the Royal Society and by the Scientific Committee of the British Medical Association are quite sufficient for this purpose, or, if not, they should be increased. There is no need for another body to take part in this work, and we venture to think that many subscribers whose names appear in the list would withdraw their support if the active endowment of research becomes a feature of the new Society."

These words may convey to the mind of the English reader ideas very different from those that it would tend to generate in the brain of a practical American. Therefore, perhaps, on this ground, we may be hasty in taking exception to them. If so, we apologize in advance. But it would seem that such advice is dangerous, and the very kind that ought not to be given to this new Association.

The old saying, that "money makes the mare go," is a vulgar but a very truthful and practical aphorism. Though some pretend that they do

not care for money, yet this is, in truth, only a pretence. It is almost as natural for the large majority of men to desire and seek for money, as it is for them to eat. As we understand the meaning of this endowment, as referred to by the *Lancet*, it ultimately results in a pecuniary reward to some gentleman who has benefited and advanced his profession by very much hard labor.

In the first place, such a man deserves the reward, and in the second place, the expectancy of remuneration will have considerable influence in bringing many more investigators into the field, than would be found therein were honor to be the only reward of their labors. It might be objected to our view, that these men who labor for money are not in love with their study, and will, therefore, fail to pursue it earnestly and heartily. Our answer can only be that this is not so. There are many able men in the world who cannot afford to work for nothing, who have no reserve wealth, and must, perforce, make every hour of labor remunerative; while, again, there is a large class who, while they can afford to do so, yet will not labor for honor and fame alone, but must see some likelihood of a substantial remuneration before them.

Of course, there are enthusiasts, who would keep on working in some scientific pursuit with starvation staring them in the face, rather than turn to another occupation less congenial but more remunerative. But such men are very rare. If we desire anything valuable in this world, be it the product of mental or material agencies, we must pay liberally for it. Scientific research is no exception. If we desire deep investigation into the hidden truths of nature we must pay for it.

If it is well for some societies to make grants for certain purposes, we must confess an inability to recognize the logic that makes it wrong for another society (one more directly interested in the matter) to do the same.

If, then, we understand correctly the meaning of "Endowment of Research," we must commend it to all societies. Such a practice cannot become too common; it is impossible.

NOTES AND COMMENTS.

Cerebral Lesions in Syphilis.

At a recent meeting of the Glasgow Pathological and Clinical Society (*British Medical Journal*), Dr. McCall Anderson showed a man aged 49. Twenty-four years ago the patient had syphilis. About fourteen years ago, after an attack of rheumatic fever, the patient had an attack of paralysis on both sides of the body—less severe, however, on the right than the left. His recovery was speedy, but never complete, slight rigidity remaining on the right side and some numbness on the left. These symptoms were aggravated after a second paralytic seizure, about two years ago, and only began to disappear when the patient was put on anti-syphilitic treatment. At the commencement of the first attack there was temporary unconsciousness. For the last three years there had also been a marked tendency to sweating on the left side of the face. Dr. Anderson's diagnosis was a lesion of the motor tract of the brain of the left side, and of the sensory tract of the right side, the degeneration descending to the lateral columns of the cord. The only treatment employed was the inunction of mercurial ointment, which rapidly produced such an amelioration of symptoms that the patient left the hospital.

Transfusion of Saline Solutions in Hemorrhage.

A few years since Goltz put forward the opinion that in cases of grave and repeated hemorrhage death should not so much be attributed to the loss of red globules as to the state of vacuity of the arterial system. Taking up this idea, M. Schwartz, of Halle, in numerous experiments on dogs, remarked that when they were about to succumb to the loss of too large a quantity of blood, the transfusion of a saline solution rapidly augmented blood pressure and revived the animal. Is it not possible that this same process would prove beneficial in analogous cases in the human subject?

A New Vesicant.

Dr. José Armengue, of Barcelona, has lately brought to the notice of the profession a new vesicant, which in many respects would appear to be far superior to cantharides. The new material is derived from the *Cenas afer*, a coleopterous insect, which at certain seasons of the year appears in enormous quantities in many parts of Spain. From experiments which Professor Armengue has instituted, on his own person and on several medical students, he is led to claim for the *Cenas afer*, as a vesicant, the following

advantages over cantharides: it is cheaper; it acts without appreciable pain; it is equally powerful; and it does not, so far as his experiments have yet shown, affect the genito-urinary system. If its non-inflammatory action can be established by further experiment, it is probable that the *Cenas afer* will be a valuable addition to the materia medica.

Disintegrated Renal Calculus.

Dr. Ralfe showed a specimen of renal calculus that had been passed in a state of disintegration, to the Pathological Society of London (*British Medical Journal*). It had been lodged in the right kidney for upward of three years, and had latterly caused so much pain that the question of nephrotomy had been discussed. When passed the calculus, which showed signs of erosion on its surface, was reduced to a mere shell. Alkaline treatment had been resorted to with a view of dissolving the stone, but without avail. Recourse was finally had to the plan recommended by Dr. John C. Murray, of Newcastle, of giving the patient considerable quantities (five to six pints daily) of soft water, i. e., filtered rain water. Occasional doses of turpentine and opium were also used, for the relief of colic and hematuria. After some months, pieces of grit and scales began to pass with the urine; and finally, at the end of two years the shell of the calculus was expelled.

Cerebro-Spinal Meningitis in a Newborn Infant.

At a recent meeting of the Medical Society of Athens, M. Bambas stated that he was recently called to attend a young woman in the last days of pregnancy who presented all the symptoms of cerebro spinal meningitis; fever, dry and burning skin, great pain over the occiput and in the temples, and vomiting. Notwithstanding appropriate treatment, the patient passed the night in a state of continual agitation, and after 3 A.M. ceased to respond to questions. The symptoms were the same as before, but there was considerable opisthotonos and involuntary passage of urine. At 11 P.M. labor commenced, and she gave birth to what appeared to be a perfectly healthy infant; but her own state continued grave, and she succumbed at 3 A.M.

At five the next morning M. Bambas was called to see the infant, whom he found with burning skin, very rapid pulse, stiffness of the neck and well marked opisthotonos. Death took place a few hours later. M. Bambas concluded that the infant presented a very acute case of cerebro-spinal meningitis.

Cure of Lichen Ruber Without Arsenic.

Up to the present it has been the custom to employ arsenic in the treatment of lichen ruber, and several months were required to obtain a complete cure with this medication.

Unna asserts that he has obtained results much more satisfactory without having recourse to arsenic. The treatment he recommends consists in frictions with the following ointment, over the affected parts:—

R. Hydrarg. bichlorid.,	gr. xv
Ac. carbolic. pur.,	3 viiss
Ung. zinci oxid. benzoat.,	3 xvj. M.

In grave cases this ointment should be used night and morning, the patient being afterward enveloped in woolen coverings. The condition of the mouth during the period this medication is employed should receive great attention, and gargles should be employed to prevent the development of mercurial stomatitis.

To prevent poisoning by carbolic acid the urine should be frequently examined, and as soon as any trace of phenol appears, large quantities of water should be administered.

Very soon after the first friction the painful itching which prevented the patient from sleeping should almost disappear and become supportable.

Under this treatment, out of six patients, two were cured after eight days; two others in fifteen days; and the two last, who had suffered from the disease more than a year, in three months.

Pulmonary Consumption—Recovery.

Dr. Francis Minott reports seven cases of pulmonary consumption in which recovery took place, in the *Boston Medical and Surgical Journal*, May 4, 1882. The first case was that of a hackman, aged 30. He presented undoubted evidences of phthisis. He was placed on the use of cod-liver oil, with croton oil to the chest externally. Two years subsequently no trace of the disease could be found.

The second was in a lady, aged 35, whose mother had died of consumption. She was given the same treatment and improved rapidly. When examined, four years from her first sickness, the physical signs of phthisis were all wanting, and her strength, color and flesh were perfectly good. She subsequently died, ten years after her first sickness, of consumption, which first made itself manifest only six months before death.

The other cases were treated much in the same way, and the results were equally satisfactory. In one case the influence of hygiene in check-

ing the ravages of consumption was most marked. The patient was a young man of means. His left lung was sufficiently disorganized to allow of a perceptible depression of the chest wall on that side. He was ordered Churchill's hypophosphites, whisky, cold sponge bathing, and iodine to chest. He possessed the means to travel, to ride, and to lead that healthy life so particularly necessary for one whose lungs are weak. He recovered entirely, so that in three years' time he weighed one hundred and fifty-three pounds, and seemed perfectly well. He now imagined that he had heart disease, and became hypochondriacal, and finally died suddenly, while in a railroad train, after complaining a few minutes of faintness. No autopsy was made. These cases teach us that we need not despair when confronted with a case of consumption of the lungs; but they also indicate, that while cod-liver oil and other such tonic and sustaining remedies will do some good, we must look for the greatest benefit from hygienic surroundings. Therefore, unfortunately, is it that pulmonary consumption is a disease so fatal among the poorer classes, while those in affluent circumstances can provide the means wherewith to check its progress.

Treatment of Pertussis.

M. Dujardin-Beaumetz, in his recently published *Leçons de Clinique Thérapeutique*, recommends the bromides with chloral in the treatment of whooping-cough.

He gives, morning and evening, in a glass of milk containing a yolk of one egg, a dessert or tablespoonful (according to the age of the child) of the following mixture:—

R. Potass. bromid.,	3 ss
Sodii bromid.,	3 j
Ammonii bromid.,	3 ss
Syrup. chloral. (Fr. cod.),	3 iiss
Aque,	3 ij. M.

The Phosphates in Phthisis.

M. Dujardin-Beaumetz, in his clinical lessons on practical therapeutics, remarks that though the phosphates cannot be considered as specifics in phthisis, still they often prove useful in improving general nutrition.

He recommends the following mixture:—

R. Sodii phosphat.,	3 iiss
Potass. phosphat.,	3 j
Syr. aurantii cort.,	3 ij
Vini (claret),	3 vij. M.

A wineglassful of this mixture may be taken after each meal.

This preparation gives excellent results, particularly when there is constipation and the quinine preparations are not well supported.

CORRESPONDENCE.

Government Control of Medical Education.

ED. MED. AND SURG. REPORTER:—

I have just read your editorial in the number for April 15th, 1882, p. 411, on "Government Control of Medical Education." This would be entirely contrary to the great characteristic of our American civilization, which is free competition. This free competition is as much needed in medical education as in any other interest. A government control of medical education would be liable to fail to place in the professional chairs those most fit to teach. Our present plan of free competition gives every man a chance to show his capability.

A much better plan, and one which will not do violence to the sentiment of fair play, is a board of examination which shall pay no regard to diploma but shall put every candidate for the practice of medicine to the test of such evidence of attainment as he can exhibit at the time of his examination.

This Examining Board may be entirely independent of compensation derived from the candidates examined, being employed by State authority and paid out of the State Treasury.

This will put no limit upon the number of schools, but will force them to such a standard as will enable their graduates to pass the necessary examination before the State Board of Examiners.

The law requires (in Illinois) all candidates for the practice of medicine who have not diplomas, or whose diplomas are not acceptable to the Board of Health, to come before this Board for an examination.

It is only necessary to abolish this distinction, and require all candidates for practice to come before a board appointed by State authority, to secure a high standard of attainment, while the teaching is left to free competition.

The form of our government, and our traditional regard for State rights, forbid the adoption by Congress of regulations in regard to the practice of medicine in the States, but the contagion of reform will ultimately carry a good system first adopted in one State into all the States.

Jacksonville, Ill.

D. PRINCE, M.D.,

Does Vaccination Protect?

ED. MED. AND SURG. REPORTER:—

In answer to Dr. Helm's request, in the REPORTER of May 27th, 1882, I would state a personal case which may be of interest to him.

By the family records I was vaccinated successfully when about two years of age, though the evidence of it I could never observe, and again in 1869 I was inoculated with a crust, with evidently no effect.

During the epidemic of smallpox in 1874-5, in Charlestown, Mass., being at that time an assistant of Dr. E. J. Forster, the City Physician—having charge of many of his cases and frequently visiting the pest house there, I was, of course, repeatedly exposed to the disease, some of the cases being the most virulent form of smallpox.

During this same epidemic I vaccinated several hundred patients, using fresh bovine virus, from which I obtained excellent results. I frequently inoculated myself with the same virus, obtained from different lots, but could obtain no effect whatever. To further test my susceptibility at that time I exposed myself still further by sleeping over night in the same bed and under the same covering with a relative, some three years of age, whose body was well covered with the pustules of advanced smallpox, without the slightest effect upon myself.

During the last epidemic in Chicago, 1882, I have used the vaccine virus from different localities with, generally speaking, good results, in the case of my patients, but with no result whatever upon myself.

In conclusion, to be brief, I believe, as the result of some experience with vaccination and variola, that there may be a time in man's life, of which we know naught, excepting by the test of vaccination, when, if he be exposed to the influence of smallpox virus, he will certainly contract the disease. The bare possibility of such an occurrence is sufficient to warrant us in vaccinating not only seven times, but seven times seven; for the good effects of a successful vaccination I most emphatically affirm.

Evanston, Ill. JOHN H. BURCHMORE, M.D.

NEWS AND MISCELLANY.

AMERICAN MEDICAL ASSOCIATION

First Day.

The American Medical Association commenced its thirty-third annual session in the Opera House, St. Paul, Minn., June 6th. The Convention having been called to order by Chairman Stone, prayer was offered by Bishop Ireland. Governor Hubbard, of Minnesota, then welcomed the delegates, in an appropriate speech. Ex-Presidents of the American Medical Association, Drs. Sayre, of New York; Davis, of Chicago; Toner, of Washington, and Cole, of California, were invited to take seats upon the platform.

THE ETHICAL QUESTION.

The ethical question then came up, Chairman Stone stating that a number of protests had been received against the admission of delegates from the New York Medical Society, which would be read by the Secretary. Dr. Atkinson then read a number of protests, and referred to others by title, all bearing the same burden and expressing the feeling that the New Yorkers, by their action, had insulted the Association. The letters from Drs. Louis A. Sayre, New York, and Samuel D. Gross, Philadelphia, the latter expressing his regret at not being able to be present, and also referring in terms of censure to the recalcitrants, were received with a furor of applause. Dr. Sayre's letter, which is especially notable as coming from the heart of the disaffected, is as follows:—

THE SAYRE SCREEN.

No. 285 FIFTH AVENUE, May 27th, 1882.

I. MARTIN SMITH, M.D., Secretary New York State Medical Society:—

Dear Sir: I have just received from you my

certificate as delegate from the New York State Medical Society to the meeting of the American Medical Association, to be held in St. Paul on the 6th of June. As the State Society has ignored the Code of Ethics by which they were bound as members of the Association, I cannot see how they can expect their delegates to be received by an Association whose laws they refuse to obey and which must, therefore, refuse them admittance.

I therefore respectfully decline to act as its delegate, and hereby return my certificate.

Very respectfully,

LEWIS A. SAYRE, M.D.

These protests, as well as many others, were referred to the Judicial Committee. Vice President Dr. P. O. Hooper (in the absence of the President, Dr. J. J. Woodward, U.S.A.) then read the

OPENING ADDRESS.

He began by paying a high tribute to the absent President, after which he reviewed the history of the American Medical Association from its infancy until the present time, going over the ground thoroughly, and recalling the distinguished names that had been connected with it in the past, as its presidents.

After thanking the citizens of St. Paul for their hospitable reception, the speaker said:—

A generation of mortals have been born, lived and passed away, since the meeting of the convention which recommended the formation of this body. Most of those great spirits who inaugurated this enterprise, and gave form and substance to the ideas there entertained, can mingle with us no more forever. A few, upon whom "age sits with decent grace," still remain, revered for their wisdom and experience; and among these, facile princeps, is he (N. S. Davis) to whom, more than to any other one individual, we are indebted for our permanent foundation, and without mention of whose name there could be no appropriate reference to our beginnings.

In glowing terms he depicted the progressive spirit of our day, and dwelt upon the tendency to reform in medical education, now so happily prevalent in our country. The additions to medical literature in the last ten years, and their great value, was given due consideration. The establishment of a society journal was discussed, and the fact was noted that to this Society is due the credit of having introduced to the people of the different States the importance of sanitary laws. In reference to the code of ethics, the speaker said:—

"There has recently been exhibited by a few, a disposition to be restive under the operation of certain portions of the code. It may not, perhaps, be becoming in me to discuss this matter here, as it will be for judicial investigation and decision; but I may be permitted to suggest that we should not retreat from our well chosen lines of defence. One mistaken movement would involve us in a whirl of inconsistencies, tending to place us in a false attitude and bring dishonor upon the profession. The broad lines of demarcation between the irregular and the true physician should never be obliterated. Our Association stands prominently forth in its high purposes,

and its means of accomplishing these purposes are distinctly enunciated.

In conclusion, the Vice President said: I have attempted, by reference at least, to direct attention, gentlemen, to our present condition, our relation to science, and our duties. If anything I have said may appear presumptuous, you will charitably impute the blame to an earnest desire for the successful accomplishment of the aims of this Association, and a jealous regard for its honor and good name; believing, as I do, that if we go forward in the future as the noble men before us have gone, in the quest of truth, with earnest seeking and unselfish devotion, we will be of good in our day and generation, and fitly perform the work found to our hands to do.

Applause greeted President Hooper as he sat down, and Dr. William Brodie moved that the thanks of the Association be tendered the speaker and his address be published, and the motion prevailed.

Dr. Atkinson then read a letter of regret from the President, Dr. J. J. Woodward, who is in Europe, on account of illness. Dr. Cohen, of Philadelphia, suggested a cablegram be sent to Dr. Woodward, conveying the best wishes and regrets of the Society. This was received with applause.

THE TEMPERANCE CAUSE.

Dr. N. S. Davis, of Chicago, rose and said that he desired to present a preamble and resolution from the Women's National Christian Temperance Union. He was constrained to the presentation by the knowledge that the great woman heart, that pulses so dear to all, beat in unison with the sentiments expressed in the resolutions. They read as follows and were referred to the committee on medical jurisprudence.

THE W. C. T. U. RESOLUTIONS.

WHEREAS, Alcoholic intemperance is a prolific cause of disease, and prevention through the education of the people is one of the most powerful antidotes,

Resolved, That we approve teaching the children and youth in the schools and educational institutions in this country, as facts of hygiene, the physiological dangers and evils resulting from the use of alcoholic beverages, and

WHEREAS, It is the acknowledged duty of the State to provide for such education of the people as is essential to good citizenship,

Resolved, That we recommend the State Legislature to enact laws requiring the physiological dangers and evils resulting from the use of alcoholic beverages to be taught in all schools supported by public money or under State control.

One o'clock having arrived and the preliminary work of opening the Association having been satisfactorily accomplished, an adjournment was agreed upon, without objection.

Each afternoon was occupied with the meetings of the various sections, which we will give in full hereafter. In the evening the delegates were handsomely entertained by Governor Ramsey, Dr. and Mrs. Hand, Dr. Murphy, Dr. A. J. Stone and wife, Mr. and Mrs. A. J. Hill, and Hon. George L. Bicker, as well as at a public reception in the Metropolitan, which was a very elegant social event.

Second Day, Wednesday, June 7th.

The Association was called to order by the acting President at 10 A.M. Prayer was offered by the Rev. D. R. Breed.

This was followed by the Report of the Committee of Arrangements. Letters and telegrams from all over the northwest were read, asking every man, woman and child to visit the various sections. All that was necessary to insure them a royal welcome was to show their registration certificate as a member of the Association. A resolution was received from the City Council of Fargo, extending a most cordial invitation to the Association to visit that city and accept of its hospitality.

The Committee on Nominations was then announced. Dr. J. H. Packard, of Philadelphia, then presented the Report of the Committee on journalizing the Transactions of the Association. This Committee reported that it would cost about \$18,000 per annum to establish and conduct a journal, and add that to propose to an Association varying in numbers and membership, from year to year, as the present body has hitherto done, and with an annual income never above \$6000, falling sometimes as low as \$2500, the assumption of an expense such as that just mentioned would be ridiculous. It is, therefore, recommended by the Committee to adopt the changes in the plan of organization, etc., proposed last year, by virtue of which the membership of the Association would be thrown open to all members of State and county societies, upon application, by the payment of an annual fee of \$5, such membership to constitute the holder a subscriber to the journal. There are 90 000 practicing physicians in the United States; it may be supposed that more than one-half, say 50,000, belong to the regular profession: if 3000 would so subscribe the expenses of the journal would be assured. The journal they recommend to be controlled by a board of trustees, who shall appoint the editor, and they advise locating it as centrally as possible. The price to those outside of the Association to be \$6. If the trustees can receive pledges of 2000 subscribers, they recommend that the publication be commenced at once.

The report was favorably received and the discussion of it was made the special order for the next morning. After some routine business, Dr. J. A. Oosterlony, of Louisville, Ky., was introduced and read an address on

THE PRACTICE OF MEDICINE,

of which the following is but a brief abstract:—

Labor is not in a circle, but progressive, and labor in medical science has progressed rapidly, especially in more recent times. As new ideas have been evolved and new discoveries made, new names have been coined, until medical nomenclature is almost perfect. There has been more progress in this science in the past twenty-five years than in the 2500 years preceding. It must take things as it finds them, and not as it would have them, and deals with facts as they arise. The practice of medicine has undergone a complete revolution—it is not to-day what it was one hundred years ago. In 1827 Bright's disease of the kidneys was not understood, until that gentleman made the disease a special study,

and his developments created a new era in medicine.

This illustration is sufficient to indicate the progress of the science in the last century, but it would require volumes to give all the advancement in each specific line. The medical history of the nineteenth century has yet to be written.

The process of crystallization of new knowledge into general law has been slow. The truths discovered have not been always received on first presentation, and the general skepticism of the age has invaded the realm of medicine; but those who have doubted the revelations of medical science have generally been those who were skeptical in regard to most other things which have been well established. Socialists are many, but their faith is very small. The foundations on which we are building were laid by those who preceded us. La Salins, Servetus, Harvey, and Knox form a bright galaxy, whose contributions to medical lore will survive the ages, while many whose names have never been inscribed on the roll of fame have bequeathed to us the best of their knowledge. Were a star to be blotted out now, its light would still reach us through the lapse of years; so when a good man dies, the light from his life is seen for many years after he passes away.

To more fully illustrate the subject Dr. Oosterlony mentioned several common diseases in which the practice of medicine has been either modified or revolutionized. He took up the subject of inflammation, which was at first defined as "a morbid state, in which the parts seemed to burn." This term, however, has almost lost its value as a scientific term, being applied to so many things to many of which it has no real application. Afterward it was defined as consisting of four distinct elements, to which in later years was added a fifth, but the whole theory was overthrown when the circulating system was understood.

THE NERVOUS SYSTEM.

The brilliant workers in this field of medicine have not labored in vain, and nervous diseases of all kinds, and in their most intricate forms, are successfully treated. Pulmonary consumption is no longer the dread disease it was once considered.

"The lancet," some one has said, "is a little instrument of mighty mischief." But what the lancet was in former years to medical practitioners, the microscope is now to medical investigators, and its wonderful revelations in the infinitesimal world have kept pace with the revelations of the telescope in the starry world above us. Disease has been analyzed and its causes made known. Leprosy, that fearful scourge of the East in ancient times, has been shown to depend on a vegetable parasite. The microscope has shown that the exciting cause of typhoid fever is also a noxious parasite, and scarlatina and diphtheria fall in line under the same classification, being caused primarily by microscopic fungi. Malarial diseases were long referred to an element so subtle as to elude detection; but the same mighty instrument has shown that these disorders are due to a peculiar parasite, found only in malarial spots and nowhere else. Were the medical world to day to dispense with the

microscope and the vast amount of knowledge obtained through its use, a great part of our knowledge of disease and the proper method of treatment would be taken away from us.

Dr. Ochterlony concluded his address by saying that all the important knowledge now in the hands of the profession, and the important discoveries in medical science, had been contributed by the regulars, and not by the irregulars, and expressing the hope that, in the years to come, a Newton in medicine would be found who would do for it what John Newton did for natural science.

At the conclusion of this address a partial report was made by the Judicial Council, through their chairman, N. S. Davis.

JUDICIAL COUNCIL EDICTS.

In regard to the Nebraska State Medical Society, referred to us last year, the Council report that a careful examination of the documents and matters involved in the protest of certain members of the Nebraska State Association against the admission of said Society to representation in the American Medical Association, shows no proper cause for such protest at the present time, and the Council decide that the Society is entitled to full representation by delegates to this Association.

In regard to the resolution concerning the use of certain remedies controlled by a patent, copyright or trademark, which was reported from the Section on Practice of Medicine and Materia Medica, and by the Association referred to the Judicial Council, last year, the Council has decided that inasmuch as the resolution includes matters not referred to in the Code of Ethics, and said Code contains all that is necessary for the guidance of the medical profession, therefore the resolution should not be adopted by the members of the Association.

NO ADMITTANCE FOR NEW YORK DELEGATES.

In regard to the protest against the receiving of delegates from the New York State Medical Society, which was referred to us, the Judicial Council decide as follows:—

Having carefully examined the Code of Ethics adopted by the New York State Medical Society at its annual meeting in February, 1882, as furnished us by the Secretary of said Society, the Judicial Council find in said Code provisions essentially differing from and in conflict with the Code of Ethics of this Association, and therefore, in accordance with provision of Rule 9 of the By-laws of this Association, decide unanimously that the said New York Society is not entitled to delegates in the American Medical Association.

This report was received with long continued applause.

UTERINE TUMORS.

The last paper at the morning session was read by Dr. H. O. Marcy, of Boston, who had for his subject Uterine Tumors. The method by which the lecture was demonstrated, the means used being a solar microscope and stereopticon, excited a large degree of interest, owing to the wonderful clearness and brightness of the subjects cast upon the screen.

After the termination of the lecture, in obedience to the expressed wish of many of the physicians, the inventor, Dr. L. D. McIntosh, of

Chicago, explained fully the principles of this solar microscope, an explanation that was listened to with much interest and close attention. This solar microscope may truly be considered as a great aid to scientific investigation. By its aid physiology, pathology, histology can be studied, with illustrations of genuine sections. The circulation of the blood can be mirrored forth with startling distinctness; images of living animalcules, minute insects and aquatic animals, with all their motions, thoroughly portrayed, and in cases where they are transparent, the beating of the heart and movements of the internal organs are vividly shadowed forth upon the canvass in a degree of perfection almost beyond belief. It is a combined instrument, and can be used as an ordinary monocular solar microscope and as a stereopticon. It is, however, very simple in its arrangement, there being no complicated parts that are liable to get out of order. The stereopticon proper is similar in appearance to the ordinary stereopticon, sunlight, however, being used, instead of artificial light. When the stereopticon objective is removed, and the working part put in place of the stereopticon objective, the solar microscope is then ready for use. If it is wished to be converted into a monocular, the working part is taken off and placed on a stand provided for the purpose. This combination adds much to the value of the invention, and its utility is very largely enhanced. Its use is not confined to physicians and scientists, for it is an instrument that should be in all educational institutions of the higher grades. Its use as a means of instruction is of great value, as an object can be shown with equal facility to a large class or audience as to a single person. In the matter of economy, without taking into consideration the superiority of its work, it is in advance of an ordinary stereopticon, as sunlight is cheaper than artificial light. Another feature is that it is exceedingly portable, and can be placed in position in a very short time. The ordinary power is that of 500 diameters, although, with higher objectives, it is capable of attaining a power of 1500 diameters. Taken altogether, it is truly an invaluable invention, and its use will be of an extended nature.

At 1 o'clock the Association adjourned, after passing a unanimous vote of thanks to Dr. Marcy for his entertaining lecture.

Third Day, June 8th.

The Association was called to order at ten o'clock. Prayer was offered by the Rev. M. N. Gilbert.

A number of communications were read, among which was the following from Georgia:—

At the thirty-third annual session of the Medical Association of Georgia, held in Atlanta, April 19th, 20th and 21st, 1882, the following resolutions, offered by Dr. James B. Baird, were adopted:—

Resolved, That the Medical Association of Georgia, in convention assembled, reaffirm its devotion to the time honored "Code of Ethics" of the American Medical Association, which has heretofore been its accepted chart, and shall henceforward be its trusted guide.

Resolved, That this body deprecates any and all attempts on the part of medical organizations to break down this honorable barrier between the regular medical profession and the vast and varied domain of quackery, and do earnestly protest against departures from the true spirit of the supreme law of the organized profession of the Union.

Resolved, That a duly attested copy of these resolutions be presented to the American Medical Association, in open session, at its approaching meeting. The above is a true extract from the minutes. Wm. F. Holt, President.

A. SIBLEY CAMPBELL, Secretary.

OFFICERS FOR THE ENSUING YEAR.

Dr. J. Foster Pratt, of Michigan, Chairman of the Committee on Nominations, presented the report of that Committee, which is as follows:—

President—Dr. John L. Atlee, Lancaster, Pa.

First Vice President—Dr. Eugene Grierson, North Carolina.

Second Vice President—Dr. A. J. Stone, St. Paul, Minnesota.

Third Vice President—Dr. J. A. Oosterlony, Louisville, Kentucky.

Fourth Vice President—Dr. H. S. Orme, California.

Treasurer—Dr. R. J. Dunglison, Pennsylvania.

Librarian—Dr. Wm. Lee, Washington.

Members of Judicial Council—Drs. N. S. Davis, Illinois; J. M. Brown, United States Navy; X. C. Scott, Ohio; M. Sexton, Indiana; N. C. Husted, New York; Wm. Lee, Washington; and J. E. Rives, West Virginia.

This report was referred back to the Committee for correction, because it contained the names of absentees.

The Committee also announced that Cleveland had been selected as the place of meeting for next year.

The President announced, at this stage of the proceedings, that the time had arrived for the consideration of the special order, which was Dr. Packard's report in reference to the establishment of a journal of the Association.

Dr. Davis, of Chicago, said that although he was a member of the committee which made its report yesterday, upon reflection he was convinced that some amendments were required, and he therefore offered the following amendments:

Resolved, That the interests of the Association would be promoted by the publication of its transactions in a weekly medical journal under its own control, instead of in an annual volume, as heretofore, provided it could be done without involving pecuniary embarrassment, or so far engrossing its funds as to prevent the annual encouragement of original investigation by its members.

Resolved, That so much of the report of the Committee on Printing the Transactions as relates to the increase of membership of this Association by application from members of State and local societies be and the same is hereby approved.

Resolved, That so much of the report of the Committee on Journalizing the Transactions of the Association as relates to the appointment of a board of trustees, nine in number, and their duties, be and the same is hereby adopted, and that

the president of the Association should appoint a special committee of seven to recommend to this meeting of the Association the names of nine members for election, to constitute said board of trustees.

Resolved, That the board of trustees so appointed be requested to agree upon a plan of a medical journal, to be called the *Journal of the American Medical Association*, and to send circulars explaining such plan, and asking pledges of support by actual subscriptions, to the members of the medical profession throughout the whole country, and thereby ascertain as reliably as possible what degree of support the proposed journal can have as a basis for commencing its publication; and that said board also proceed to ascertain and agree upon the best methods of publishing said journal, the best editorial services it can secure to take charge of the work, and the best plan for its issue.

Resolved, That said board of trustees be and are hereby instructed to retain, under all circumstances, in whatever plans or contracts proposed for adoption, entire control over the advertising as well as other pages of the journal that is proposed to be established, and that said board report in full at the next meeting of this Association, the plans upon which it has been able to agree, together with the response of the profession to its circular asking actual subscriptions to the proposed journal, and that the constitutional amendments proposed by Dr. Packard last year be continued upon the table until the report of the board of trustees is received and acted upon.

Resolved, That the Treasurer of this Association is hereby authorized to pay out of funds in the treasury the necessary expenses of the board of trustees in printing and distributing its circulars and in conducting its proper correspondence.

Resolved, That the Committee of Publication proceed to publish the proceedings and transactions of the present meeting in a volume as heretofore, using all diligence to give it an early distribution to those entitled to receive it.

Dr. Davis supported his amendments in an earnest speech, and they were equally as earnestly seconded by Dr. Brodie, of Michigan, and were unanimously adopted.

Subsequently the president appointed the following-named delegates as a committee to appoint the board of trustees, in accordance with the resolutions, viz.: Dr. L. A. Sayre, of New York; Dr. J. M. Toner, of District of Columbia; Dr. J. Foster Pratt, of Michigan; Dr. R. J. Dunglison, of Pennsylvania; Dr. Robert Battey, of Georgia; Dr. W. J. Peck, of Iowa; Dr. H. O. Marcy, of Massachusetts.

Dr. Gihon offered the following resolution, which was unanimously adopted:

Resolved, That the American Medical Association heartily endorses and commends to Congress the proposition of the Surgeon General of the Navy, to establish at Washington, in connection with the Bureau of Medicine and Surgery of the Navy, and in co-operation with the American Public Health Association and the American Medical Association, a National Museum of Hygiene, which shall exhibit the history and progress of

sanitary science by a collection of publications, articles, models, drawings, etc., illustrating defects and improvements in food, in water supply, bedding, clothing, marine architecture, house and hospital construction, and removal of excreta and refuse, culinary, laundry and bath facilities, and for physical culture and exercise, and whatever else tends to the preservation of health and the prevention of disease.

Resolved, That this Association earnestly urges upon Congress the appropriation of the sum of \$10,000, which has been recommended for the purchase of exhibits and their consequent care and preservation; and that the Permanent Secretary shall, without delay, send a copy of these resolutions to each member of the Senate and House of Representatives, in Congress assembled.

Dr. Davis offered the following, which was adopted, and the Secretary instructed to forward a copy of the same to each member of Congress:—

To the President and Members of the American Medical Association:—

WHEREAS, There are now employed between sixty and seventy physicians in the United States Indian Service, by authority of the Secretary of the Interior; and

WHEREAS, All physicians appointed to positions in the U. S. Indian Service are required to be graduates of some regular medical college; and

WHEREAS, There are now between 150,000 and 200,000 Indians depending entirely upon these appointed physicians for all medical and surgical treatment; and

WHEREAS, The present humane policy of the government is rapidly advancing the Indian civilization, thereby lessening the dependence in and consequent power of the "Indian Medicine Man," and greatly increasing the demand for and labors of the regularly qualified physician; therefore be it

Resolved, That the Constitution of the American Medical Association be so amended as to provide for the admission to its membership of two delegates from the medical bureau of the United States Indian Service, to be nominated by the surgeon-in-chief of the Indian medical bureau and appointed by the Secretary of the Interior.

Resolved, That this resolution shall take immediate effect.

Dr. Toner, of Washington, submitted the report on necrology, which was referred to the Committee on Publication.

METEOROLOGICAL AND CLINICAL RECORDS.

Dr. Davis, from the Committee on "Atmospheric Conditions and their Relations to the Prevalence of Disease," reported that, in accordance with the action of the last annual meeting, stations of observation had been established at Boston, New York, Philadelphia, Baltimore, Charleston, New Orleans, Cincinnati, Pittsburgh, Chicago, St. Paul, Denver, and San Francisco. The committee secured the services of Prof. J. H. Long, to prepare the material and supervise the work for determining the relative proportions of the ozone and other active oxidizing agents in the atmosphere in the several localities.

Through the efforts of Prof. Long, a number of eminent professional men of the country were secured to coöperate in the work, in which the United States Signal Service was also induced to coöperate, and to which the committee acknowledges itself under great obligations.

After reciting details of the work accomplished, and its undoubted value to medical science, the report recommends its continuance, and that it may be made still more efficient, that Professor Long be engaged, at a compensation of \$500, to personally supervise the laboratory work during the coming year. The actual expenditures of the committee were \$209.72, leaving \$290.28 of the sum appropriated for the purpose unexpended, which will enable the committee to continue its work another year as prosecuted the past year, but the committee cannot make such other investigations as it seems to it essential should be made.

The report closed with the presentation of two resolutions, one for the continuance of the committee, with the unexpended balance of the appropriation of last year to remain at its disposal, and the other recommending an appropriation of \$500 for the employment of Professor Long, as above suggested.

The resolutions were adopted.

Dr. W. A. Byrd, of Quincy, Ill., Chairman of the Section of Surgery and Anatomy, read a paper, which was referred to the Section of Surgery and Anatomy.

Dr. A. L. Gihon read an address on "State Medicine," after which the Association adjourned.

Fourth Day, June 9th.

The Association was called to order at ten o'clock, and prayer was offered by the Rev. E. D. Neill.

A final report was made by the Chairman of the Committee of Arrangements.

The Librarian presented his report, showing that the library contained about 4448 volumes, inclusive of pamphlets.

TREASURER'S REPORT.

Dr. Richard J. Dunglison, of Philadelphia, Pa., the Treasurer, made the following report, which was adopted:—

The Treasurer has the honor to report a balance in the treasury, at this date, of \$1141.38. In the statistics furnished by him last year, to the Committee on the President's Address, which was really a report, or journalizing of the Transactions of the Association, the fluctuations of membership were distinctly exhibited. These figures, published in the last volume of *Transactions*, may be considered as still further verified by the experience of the past year. The question to which the Treasurer is compelled to reply more frequently than any other, in the course of a voluminous correspondence with members of the Association, is, "Why do you write to me as a permanent member?" or, "When was I elected a permanent member?" I would, therefore, state, for the information of all those present at the meeting at St. Paul, that every one who attended at that place, as a delegate from a medical society, will thenceforth become, from the very fact of such at-

tendance, a permanent member of the American Medical Association, who should annually pay five dollars to the Treasurer, as his dues to that body, according to the rules of that Association, expressly stated and printed in each annual volume of *Transactions*. As copies of the annual *Transactions* for previous years may still be obtained, it is suggested that those who have neglected to pay their dues at any time previous to the present year will communicate with the Treasurer, who will cheerfully respond to all inquiries, and inform them as to the volumes which are still in print and procurable from him.

EXPERT TESTIMONY.

Dr. Gihon called up his resolution on expert testimony, which had been laid on the table on Thursday, and offered the following as a substitute, which he said obviated the objections made to the original resolution:—

Resolved, That it is the sense of the American Medical Association, that it will be conducive to justice and the dignity of the profession, if medical expert testimony can be presented to the courts without having the appearance of being biased by any intention to influence either side of a case, but simply to state scientific facts.

The resolution, after a little running debate, was unanimously adopted.

SALARY OF THE SECRETARY.

The salary of the Permanent Secretary, aside from his expenses, was fixed at \$1000 per annum, after some discussion, and Dr. Toner, of Washington, gave notice that at the next annual meeting he would offer an amendment to the by-laws, so that a secretary could be elected who would serve without pay.

Dr. Keller, of Arkansas, moved that the secretaries of the State Societies send annually to the Secretary of the American Medical Association a list of the members dropped from the State Societies. Adopted.

EVERY OTHER MEETING TO BE HELD IN WASHINGTON.

Dr. N. S. Davis introduced the following:—

Resolved, That after the next annual meeting the permanent interests and influence of this Association would be best promoted by again holding every second meeting in Washington, as its home on common national ground; and not as invited guests, while each alternate meeting should be held in such section of the Union as would be most useful in promoting the society organizations in all parts of our country. Adopted.

The following trustees, to found and conduct the journal, were announced:—

For Three Years—Drs. Davis, Chicago; Moore, New York; and Toner, Washington.

For Two Years—Drs. Campbell, Georgia; Packard, Pennsylvania; and Connor, Michigan.

For One Year—Drs. Hooper, Arkansas; Garcelon, Maine; and McMintry, Kentucky.

Dr. Brodie, of Kentucky, then offered a series of resolutions, expressing gratitude to the citizens of St. Paul for their hospitality. The resolutions were seconded by Dr. N. S. Davis, of Chicago.

The session then listened to an interesting address from Dr. D. H. Goodwillie, of New York,

Chairman of the Section on Dentistry, on that important subject.

He spoke respecting the divisions of the Section, which naturally separates itself into a number of branches. These divisions are dental art and oral surgery. The first is nearly all mechanical in its nature. The second includes the treatment of all diseases of the mouth. To the proper practice of the latter it is necessary that there be added the experience of the former, with a practical knowledge of medicine and surgery. Such knowledge should be supplied from the chairs established in all our medical colleges, the practical department to be supplied by infirmaries and hospitals to give this knowledge. He illustrated the many diseases of the mouth and associate parts by cases in his own experience, exhibiting diagrams, photographs, instruments, and over twenty wax models of notable cases. Among them were inter-nasal and inter-oral extirpation of the bones of the nose and jaws, with a reproduction of bone without any deformity.

DELEGATES TO FOREIGN SOCIETIES.

The President then announced the following as delegates to the foreign societies: Drs. T. A. Emmett, D. Lewis, W. M. Carpenter and E. M. Brush, New York; and J. M. Da Costa, Pennsylvania.

Dr. N. S. Davis then escorted the President elect, Dr. John L. Atlee, to the platform; he was greeted with loud applause, and when introduced made the following remarks:—

Gentlemen of the American Medical Association:—It is with no ordinary emotions that, by your partiality, I occupy a chair that I have seen filled by a Chapman, a Warner, a Stevens, a Knight, and a host of worthies, living and dead, who were and are the ornaments of our profession. I beg you to accept, gentlemen, my heartfelt thanks for the honor you have conferred upon me. I accept it also with gratitude, as a tribute to the memory of a dear brother, who, were he living, would more deservedly occupy this position. My chief motive in coming here on this occasion was to assist in carrying out the instructions unanimously given by the Lancaster County Medical Society, to uphold the honor and dignity of our noble profession by putting the seal of condemnation upon the recent action of a State Society, the sanction of which would have given character to a system of practice derogatory to common sense and professional integrity. All honor, gentlemen, to the report of our Judiciary Committee. In the performance of my duties I shall endeavor to be firm and impartial, and I trust that I may be supported by your kindness and courtesy in trying to uphold the right.

The thanks of the Society were tendered to the retiring President, Dr. P. O. Hooper, Arkansas, by a standing vote. That gentleman responded feelingly, and at 12.40 o'clock the motion to adjourn was made by Dr. Toner, and the thirty-third annual meeting of the Association was declared adjourned.

—On p. 633, 2d col.; line 14 from bottom, for ext. felio: marisarth, read ext. felicio maris ath.

Medical Society of New Jersey. One Hundred and Sixteenth Annual Meeting, held at Asbury Park, May 23d and 24th, 1882.

TUESDAY, MAY 23d. FIRST DAY.

The Society convened in Educational Hall, Asbury Park, at 4 o'clock P. M., and was called to order by the President, Dr. L. W. Oakley, of Elizabeth.

The Committee on Organization reported lists of delegates from the various District Societies in the State. The report included delegates from every District Society in the State, excepting Atlantic and Salem.

A cordial welcome was extended to the Society by Dr. J. H. Hunter, on behalf of the Committee of Arrangements, and by James A. Bradley, Esq., of Asbury Park, on behalf of the citizens of the Park.

Dr. Amos B. Pann, delegate from the Medical Society of Massachusetts, was formally presented to the Society, and invited to take part in its deliberations.

Dr. H. R. Baldwin, Chairman of the Business Committee, reported as follows:—

The Committee on Business recommend the following order:—

TUESDAY, 4 O'CLOCK, P. M.

Prayer. Report of Committee on Organization. Report of Committee of Arrangements. Reading of minutes of last Annual Meeting. Report of Committee on Business. Report of Delegates to Corresponding Societies. Report of Committee on Ethics and Judicial Business. Announcement of Committees by the President.

7.30 O'CLOCK, P. M.

President's Address. Report of Standing Committee (Five minutes allowed each member for remarks upon the same). Report of Corresponding Secretary. Report of Committee on Unfinished Business. Half an hour allowed for discussion upon some subject suggested at previous meeting.

WEDNESDAY, 9 O'CLOCK, A. M.

Report of Committee on Treasurer's Accounts. Receiving and acting upon applications for Degree of M. D. Report of Committee on Honorary Members, and Honorary Degree of M. D. Reception of Delegates from Corresponding Societies. Investigation of By-Laws and receipt of communications from District Societies. Essay—by third Vice-president. Reading of such papers as approved by Business Committee. Recess from 1 to 3 o'clock, for dinner. Continuation of previous order. Report of Nominating Committee. Election of Officers. Miscellaneous Business. Adjournment.

The report was adopted.

The following was adopted:—

Resolved, That the Medical Society of New Jersey reaffirms its allegiance to the Code of Ethics of the American Medical Association, and views with distrust any effort on the part of legally constituted societies to deviate from or antagonize its provisions.

Communications from Hudson, Camden and Mercer District Societies were received and referred to Committee on Judicial Business.

The death of Dr. John Wright, of Freehold,

was announced, and Drs. Woolverton, Phillips, Neil, English, Weeks and Dunham were appointed a committee to attend his funeral.

The following committees were announced:—

Nominating Committee—S. S. Clark, chairman, D. A. Currie, L. Jamieson, H. G. Taylor, J. S. Whitaker, G. A. Van Wagener, G. C. Laws, W. P. Watson, M. Abel, H. M. Weeks, D. C. English, J. S. Long, J. G. Ryerson, C. A. Harris, L. D. Tompkins, J. Miller, H. H. James.

On Treasurer's Accounts—J. E. Arrowsmith, W. A. P. Neil and H. H. James.

Adjourned until eight o'clock in the evening.

EVENING SESSION.

President in the chair. The president read the annual address, the subject of which was "Medical Education."

Report of Standing Committee. Dr. Kipp, chairman, then read the Report of the Standing Committee.

A résumé of the medical history of the State for the past year, as gathered from the various county reporters, shows an increase of malarial diseases throughout the State; from various portions come the report of typho-malarial cases, with a low rate of mortality.

Smallpox is reported from certain portions of the State, with a mortality of about 30 per cent. The epidemic is decidedly on the decrease.

Diphtheria and scarlet fever have been present throughout the northern counties, with a low death rate.

Typhoid fever was reported from the southern portion of the State, being particularly fatal in Ocean county.

An epidemic of catarrhal disease was reported from Camden city, peculiar in character, affecting all the mucous membranes, but of a mild type.

Dr. Hunt reports certain cases of diphtheria where, the date of infection being known, the period of incubation was determined as five days.

The following essays were reported as received by the Committee: Dr. Welch, Treatment of Uterine Hemorrhage. Dr. St. John, Diagnosis of Infantile Diseases. Dr. Currie, on Wet Nurses.

An investigation of the workings of the new medical law shows that it has not been put to the test, no convictions having been obtained, and the irregular practitioner flourishing as usual.

From Essex is reported the formation of a Society for the Relief of the Widows and Orphans of the Medical Men of New Jersey.

The deaths for the year were Drs. Wilmarth, S. S. Marcy, C. T. Morrogh, H. S. Clew, H. S. Harris, T. P. Dickerson and T. H. Stoddard. The Treasurer reported as follows:—

RECEIPTS—

Essex.....	\$196.00
Hunterdon.....	28.00
Warren.....	32.00
Middlesex.....	28.00
Union.....	80.00
Sussex.....	50.00
Monmouth.....	60.00
Burlington.....	66.00
Passaic.....	80.00
Hudson.....	82.00

Bergen.....	34.00
Cumberland.....	34.00
Camden.....	78.00
Morris.....	64.00
Somerset.....	24.00
Gloucester.....	12.00
Ocean.....	10.00
For diplomas.....	15.00
For interest.....	38.00
On hand from last report.....	951.72
Invested in U. S. Bonds.....	900.00
In Savings bank.....	850.00

\$

DISBURSEMENTS—

To S. Wickes.....	\$ 11.76
W. Elmer, Jr.....	8.16
Wm. Penn, Jr.....	9.00
Jos. Parrish.....	18.20
J. Toombs.....	7.25
Telegram.....	1.10
E. P. Townsend.....	3.00
C. J. Kipp.....	617.88
S. Wickes.....	1229.83

\$1906.18

Adjourned until Wednesday, at nine o'clock.

WEDNESDAY, NINE O'CLOCK.

The Society re-assembled. President in the chair.

Dr. Ryerson, in behalf of the Fellows, made the following report:—

PRIZE FOR ESSAY.

The Fellows of the Medical Society of New Jersey present at Asbury Park, at the meeting there of the Society, hereby propose that the Society shall offer annually, if possible, or at least biennially, a prize of one hundred dollars to the members of the several District Societies of the State, for the best essay on some selected subject connected with medical science or art; and that they will deposit, annually (or at least biennially), with the Society treasurer, the funds necessary for that purpose.

The method of competition for and of awarding this prize shall be as follows:—

A committee of three shall annually be constituted, to be called the "Fellows' Prize Committee." The retiring president of the Society shall be, *ex officio*, its chairman; a Fellow selected by his associates shall be the second member, and the third shall be a member of a District Society (not a Fellow of the State Society), selected annually by the Society's Nominating Committee. At the session of the Society when this committee shall be constituted, it shall select and announce to the Society, and promptly to each District Society, a subject for the competition for the ensuing year. And during this same year it shall adjudicate upon the essays of the previous year, which shall have been handed in to its prospective chairman (then president of the State Society) not less than two months before this same session when it was constituted.

Each essay shall be signed with an assumed name, and have a motto, both of which shall be endorsed on a sealed envelop, to accompany the essay, containing the author's name, residence, and District Society; and none of these envelops

shall be opened by the Committee until after its award, and then only those bearing the mottoes and names appended to the successful essays. The committee shall select the first two essays in order of merit, reference being had, not only to the subject matter, but to the language and style of the author. To the first they shall award the prize of money, to the second, that of honorable mention. They shall notify the successful authors to be present at the next annual meeting of the State Society, and give to the President the names of these authors, with their assumed names and mottoes.

The President shall announce to the Society, at that annual meeting, the authors, with their mottoes and *nommes de plume*, and before the whole Society, with some suitable ceremony, shall make the awards. The unsuccessful authors shall receive back their essays, upon their identification to the Chairman of the Committee, but the successful essays shall be the property of the Society, and shall be published in the "Transactions." No award shall be made unless the merits of the essays shall be of a decided character; and in this case the money shall remain in the treasury, until applied for a subsequent award.

The Fellows then announced the following subject, for the ensuing year, viz: "The Importance of Exploration of the Urine, both Chemical and Microscopic, as an Aid to Practice, and the Relation of Hæmaturia to Diseased Process."

Upon the nomination of the Fellows, the following Committee of Adjudication was appointed for the ensuing year: L. W. Oakley, *ex-officio* chairman, Henry S. Baldwin and James S. Green.

The report was accepted and the recommendations, by vote, were unanimously adopted.

The committee appointed to report upon the comparative value of humanized and bovine vaccine virus, and the best security for their purity, respectfully submit that they have received communications from the reporter of only one District Medical Society, Dr. Snowden, of the Camden District Society, and that the question was discussed at one of the meetings of the Mercer District Medical Society. Dr. Snowden writes that he had endeavored to obtain the opinion of each member of the Camden District Society, and that three-fourths of those from whom he had received replies preferred humanized virus. Most of these gentlemen are residents of the city of Camden, where a severe epidemic of variola prevailed more than a year ago. He writes that the objections to bovine virus are its want of reliability and the irregularity of the results obtained. At the discussion at the meeting of the Mercer District Medical Society there was a pretty general agreement as to the want of reliability of the bovine virus and the irregularity in the development of the vaccine disease resulting from it. Your committee have very little to add. In their own experience they have had a large percentage of failures in the use of bovine virus in primary vaccinations, the operation having to be repeated once, twice, or oftener. The period of development they have found to be by no means uniform, and the local and constitutional effects have often been severe and troublesome. They

prefer well selected humanized vaccine; but on the outbreak of an epidemic of variola they recognize the necessity of recourse to bovine virus, and the renewal of stocks of humanized vaccine requires occasional resort to it. The only security now existing for the purity of bovine virus is the prevailing standard of commercial morality, a very unsatisfactory ground of security. Your committee are of opinion that the establishment of a vaccine farm under the direction and control of the State Board of Health would afford a better and more reasonable security for purity and reliability of supply of bovine virus; and that the organization of the State Vaccine Establishment might prove to be a wise expenditure of public money.

JOHN W. WOOLVERTON,
WM. ELMER, JR.,
J. L. BODINE,
Committee.

Dr. D. C. English read a paper, entitled, "The Prevention and Limitation of Epidemics."

The writer called attention to the necessity of a public education in sanitary science, through the public schools; to the necessity of general legislation for the establishment of strict quarantine against infected ports, and of State legislation quarantining infected houses and keeping pupils from such houses out of the schools.

He spoke of the good work our own Board of Health has effected, the efficient legislation we possess, and called upon the medical profession to bring to bear its influence in such matters upon the masses, for the purpose of creating a public opinion in favor of measures of sanitary reform. That they should favor drainage, proper sewerage, pure water supply, isolation of sick, vaccination, and all other measures looking toward the limitation of epidemics.

The degree of Doctor of Medicine was conferred upon A. G. Schuhl, of Jersey City, and Vincent Nager, of Newark.

The report of the Committee on Honorary Membership was received.

Dr. Barker, of Morris, read a paper, entitled the "Vaccination Question," which was well received and a copy requested for publication.

A discussion upon the subject of Vaccination, in which many of the members took a part, was then entertained. There appeared to be quite a divided opinion as to the comparative value of humanized and bovine virus.

Dr. Chandler, of South Orange, read an interesting paper on Nerve Stretching.

After a general description of the anatomical lesions, there was given a valuable table of three hundred cases, with the results in neuralgias, spasmodic affections, tetanus, locomotor ataxia, etc., and finally a comparison and discussion of the general opinion of the operation.

The lesions caused by the operation are a loosening of the nerve in its sheath, extravasation of blood in the sheath, dilatation of the blood vessels, rupture of a portion of the nerve fibres, and, occasionally, nutrition changes. Stretching acts especially to interrupt the sensitive current, but allows the motor current to pass. The motor current and reflexes are more affected by centrifugal than by centripetal traction. Stretching acts on the nerve centres, producing certain

dynamic changes, and occasionally local disturbances, more or less persistent.

There was a table given, of three hundred and twenty cases, as follows:—

Sciatica.....	57 cases,	91 p. c. cured.
Neuralgia of fifth pair.....	27 cases,	48 p. c. cured.
Traumatic neuralgia.....	16 cases,	75 p. c. cured.
All other neuralgias.....	33 cases,	66 p. c. cured.
Mimic spasm.....	13 cases,	85 p. c. cured.
Torticollis.....	10 cases,	60 p. c. cured.
Traumatic tetanus.....	49 cases,	20 p. c. cured.
Locomotor ataxia.....	49 cases,	32 p. c. improved.

Cases of peripheral paralysis, and epilepsy with aura, have been greatly benefited.

In concluding, the Doctor said, "While nerve stretching may not accomplish all that its most ardent advocates claim for it, we feel confident that an operation that develops so much statistical strength has enough of real merit to outlive opposition, and take its place among accredited surgical operations."

Dr. Ill, of Newark, read a paper on Laceration of the Cervix. He reported forty-four cases, with thirty-nine cures, and five cases of non-union. Of these, thirty-seven were relieved entirely of the symptoms. The symptoms noted as following the lesion were anteversion, retroversion, sub-involution, complete prolapsus of body, chronic ovaritis, fungoid degeneration of endometrium, menorrhagia, pain on connection, and loss of sexual desire. This last symptom the writer had specially examined. It was present in thirty-four cases, and was relieved in twenty-seven; thirteen cases became pregnant after the operation; of these, only one was examined after delivery, in which case a new laceration had taken place posterior to the line of union of the operation.

The Doctor enthusiastically commends the operation as one redounding with good to the patient and credit to the operator.

A paper by Dr. C. J. Kipp, on traumatic rupture of the drum, was read by title and referred to Committee on Publication.

OFFICERS ELECTED.

President, J. W. Snowden; 1st Vice-President, S. Wickes; 2d Vice-President, P. C. Barker; 3d Vice-President, Joseph Parrish; Corresponding Secretary, Wm. Elmer, Jr.; Recording Secretary, Wm. Pierson, Jr.; Treasurer, W. W. F. Phillips.

Standing Committee, C. J. Kipp, S. S. Clark, and E. J. Marsh.

Delegates to American Medical Association, B. A. Watson, James Green, George Bayles, W. G. Taylor, J. E. Arrowsmith, A. W. Rogers, J. M. Woolverton, H. C. Clark, J. Johnson, C. Shepard, W. H. McGee, J. A. Ayres, T. L. Jamieson, H. Vanderveer, Wm. Elmer.

Delegates to Medical Society of Rhode Island, H. H. James, C. H. Sproul.

To Medical Society of Pennsylvania, W. W. F. Phillips, H. M. Weeks, T. E. Varick.

To Medical Society of Connecticut, D. C. English, D. M'Lean Forman, H. G. Buckingham.

To Medical Society of Massachusetts, C. F. Stillman, D. A. Currie, A. C. Hunt.

It was voted that the next annual meeting be

held at Atlantic City. That the annual assessment be one dollar and a half per capita. The next meeting will be held on the second day in June, 1883. Dr. George Bayles was appointed essayist.

Drs. James, Halsey, Rankin, Currie and Clark, were appointed a committee to investigate when, and of whom, good, reliable and pure vaccine virus may be obtained.

The following, offered by Dr. J. H. Pennington, was adopted:—

Resolved, That the delegates from this Society to the American Medical Association be instructed to resist any effort to alter the Code of Ethics in such manner as to authorize members of the profession, or any Medical Society in affiliation with this Association, to encourage or permit its members to hold professional intercourse with men who repudiate the scientific principles of medical practice recognized by the said American Medical Association.

The following Committee of Arrangements for the next annual meeting was appointed: H. G. Taylor, J. W. Snowden and F. Gauntt, with power to add to its number.

Adjourned.

Testimonial to Professor Leidy.

The following circular, which explains itself, we are glad to insert, as it does honor to one to whom all honor is due:—

PHILADELPHIA, May 1st, 1882.

There is a widespread feeling that the pre-eminent services rendered to science by Professor Joseph Leidy are such as to call for a suitable and substantial acknowledgment.

He has held the Chair of Anatomy in the University of Pennsylvania for thirty years; and, in addition, the Professorship of Natural History in Swarthmore College for twelve years.

As an anatomist, the foremost place is conceded to him; and as a scientist his fame is worldwide. His contributions to Natural History have ranked him with such naturalists as Cuvier, Agassiz, Owen, and Huxley.

About to enter his sixtieth year, it is felt that the time has come to provide a testimonial which, while expressing the admiration of those who unite in it, for his disinterested and self-sacrificing devotion to science, will relieve him from some elementary teaching and enable him to devote himself hereafter to those fields of profound investigation in which he is unrivaled. This is the more necessary because the system of education conducted in the Medical Department of the University of Pennsylvania has been so greatly changed as to demand from both teacher and student far greater efforts than formerly. It is intended to still further enlarge and elevate the course, so that it shall compare favorably with the highest instruction in European schools. Such changes involve increased expenditures, and a temporary reduction in the receipts from tuition fees. Consequently it becomes doubly important to secure endowments for those chairs which, like that of anatomy, demand the entire time of their occupants. It is proposed, therefore, that the sum of \$100,000 shall be raised, the interest of which shall be annually paid to Prof. Joseph

Leidy during his lifetime; and that, after his death, the said income shall be applied in perpetuity to the maintenance of the Joseph Leidy Chair of Anatomy, in the University of Pennsylvania. The names of the contributors will be perpetuated in a suitable manner.

Subscriptions to this fund will not be binding until the amount of \$25,000 is secured; although it is hoped they will be paid promptly, as they will be invested immediately and become effective. Subscriptions may be made payable during the present year, or in two annual installments.

Rt. Rev. Wm. Bacon Stevens, S. D. Gross, M.D., A. J. Drexel, Alfred Stillé, M.D., Henry C. Gibson, H. C. Wood, M.D., S. Weir Mitchell, M.D., Spencer F. Baird (Smithsonian Institute), John Welsh, George W. Childs, D. Hayes Agnew, M.D., Rev. John S. Macintosh, Fairman Rogers.

All subscriptions should be sent directly to
WILLIAM PEPPER, M.D.,
1811 Spruce street.

The prospect for this fund is reported as very encouraging.

How to Cook Rice.

Rice is becoming a much more popular article of food than heretofore. It is frequently substituted for potatoes at the chief meal of the day, being more nutritious and much more readily digested. At its present cost, it is relatively cheaper than potatoes, oatmeal or grain-grits of any kind. In preparing it only just enough cold water should be poured on to prevent the rice from burning at the bottom of the pot, which should have a close-fitting cover, and with a moderate fire the rice is steamed rather than boiled until it is nearly done; then the cover is taken off, the surplus steam and moisture allowed to escape, and the rice turns out a mass of snow-white kernels, each separate from the other, and as much superior to the usual soggy mass, as a fine mealy potato is superior to the water-soaked article.

Vaccine Farms.

The following, which we take from the *National Board of Health Bulletin*, May 7th, 1882, will do much to explain why some vaccine virus does not afford protection. Dr. P. H. Bailhache makes this report: "The so-called 'Maryland Vaccine Farm' is located at Contee's station, on the Washington branch of the Baltimore and Ohio railroad, about 16 miles from Washington. I found a colored woman in charge of the farmhouse, who, upon my inquiring for Dr. Register, informed me that he had not been at the farm for some months, and she believed he was in Florida, on account of ill health. I then inquired whether the farm was in operation, and she replied that they had been vaccinating calves all winter. Upon further inquiry, I learned that a colored man came down from Baltimore, to vaccinate such stock as could be hired for that purpose, from time to time (the woman said he was the Doctor's driver); that another colored man assisted in the work; that in a short time, ranging from a week to ten days, the 'Doctor's man'

returned to the farm and collected the virus, and that no doctor had been present at any of these operations for some time past. I visited the stable, an ordinary farm stable, which was large and well located, but the accumulation of manure in the rear of the building was very offensive. There was no stock in the stable, but running at large was a young calf, whose unprotected scarifications gave evidence of the recent operations of the vaccinators. Upon making inquiry at Baltimore, I learned that this farm is a private enterprise, and has never been a State institution, or under State supervision of any kind. Its owner was, until quite recently, State agent for furnishing vaccine, and I understand still advertises the article for sale."

Myopia in France.

It is stated in the report of the committee which was appointed some time ago by the French Government to inquire into the prevalence of short-sightedness among the youths at the great Government schools in France, that the cause of the infirmity is to be found in the fact that the school books are printed in type which is too finely cut, and further, that the custom of printing upon white paper is still more hurtful. They recommend, therefore, that the authorities should consider the advisability of substituting thicker characters in the books, and also printing in white letters upon tinted paper.

Burning of the Hygienic Exhibition at Berlin

The Grand Hygienic Exhibition of Berlin, which was to have opened on May 16th, was totally destroyed by fire, May 12th. The exhibits were very fine, and comprised a varied assortment of all known sanitary appliances. The buildings and contents were reduced to ashes.

Items.

—The Professorship of Anatomy in the Harvard Medical School has had but three incumbents in the century of its existence—Dr. John Warren, Dr. John Collins Warren, and Dr. Oliver Wendell Holmes.

OBITUARY NOTICE.

SIR JOHN ROSE CORMACK, M.D.F.R.O.P., F.R.S.E.

This distinguished gentleman died in Paris, May 13th, from chronic disease of the prostate and bladder. Born March 1st, 1815, he graduated in medicine from the University of Edinburgh in 1837. His special aptitude for editorial work caused him to turn his energies in that direction, and in 1841 he established the *Edinburgh Monthly Journal of Medical Science*, now well known as the *Edinburgh Medical Journal*. Four of the volumes of the New Sydenham Society's translation of Trousseau's *Lectures on Clinical Medicine* were written by him. In 1869 he removed to Paris and began the practice of medicine there, graduating from the University of France in 1870. On the approach of the German Army to Paris, in 1870, Dr. Cormack dismissed several of his family to England, and,

with his wife, one son—the late Dr. J. R. Baillie Cormack—and one daughter, remained throughout the siege, during which he rendered eminent service, not only to the wounded, both on the field and in the ambulances, but also as one of the committee formed for the purpose of affording relief to the distressed British residents—an object in which much valuable aid was rendered by the liberal generosity of Sir Richard Wallace. During the terrible scenes of the Commune he remained at his post, affording professional aid to the wounded of both sides, some of whom he received in his house in the Rue d'Aguesseau, while others were placed in a house in the vicinity, occupied as a hospital. After the restoration of peace, his services to the French and to his countrymen were recognized, by the Governments of both countries. In 1871 the French Government made him a chevalier of the Legion of Honor; and in 1872 Her Majesty the Queen conferred knighthood on him. In the letter informing him of his enrollment as a member of the Legion of Honor, M. Jules Favre, the Minister of Foreign Affairs, wrote to him: "For the devotion with which you have cared for the French wounded and dying, whom you have sought on the field of battle, and so faithfully attended in the British Ambulance, France is grateful to you." When the Hertford British Hospital was established in Paris, through the munificence of Sir Richard Wallace, Sir John Rose Cormack was appointed one of the physicians, and held office up to the time of his death. From 1871 to the present time he had a considerable amount of practice, and was held in high regard both by his patients and by his English and French professional colleagues. In 1872, he was elected a Fellow of the Royal College of Physicians of London.

QUERIES AND REPLIES.

J. N. R. is informed by a very large number of our readers that they have known of instances where twins have grown to maturity and have both had families.

T. C. W. would like to have a formula for the use of chrysophanic acid, as a lotion in eczema.

J. W. C. desires to know if any of our readers can furnish him with a sure plan by which a chill can be averted or broken up without the use of quinine or any preparation of cinchona.

N. G.—The authority from which we noted Billroth's Anesthetic Mixture did not state the point you desire, but we should presume that it is made by measure.

MARRIAGES.

LEAL-AYRES.—On Thursday, May 4th, at St. Luke's P. E. Church, Brooklyn, by Rev. Geo. R. Van Dewater, Malcolm Leal, m.p., of New York City, and Princess K., daughter of Mrs. M. A. Ayres, of Ithaca, N. Y.

WILLITS-McVEIGH.—On Thursday, April 20th, 1882, by the Rev. William V. Kelly, of Brooklyn, assisted by the Rev. A. A. Willits, p.p., Charles H. Willits, m.p., and Clara N. McVeigh, grand-daughter of the late John Whitman.

ZERNS-COON.—April 26th, 1882, at the First Presbyterian Church, Watertown, N. Y., by the Rev. S. A. Kay, William M. Zerns, m.p., and Anna J., eldest daughter of E. S. Coon, of Watertown.